

**LINDSEY
COUNTY COUNCIL**

**ANNUAL
REPORT
1971**



**COUNTY
MEDICAL OFFICER
OF HEALTH**

COUNTY OF LINCOLN — PARTS OF LINDSEY



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1971

C. D. CORMAC, M.A., B.M., B.Ch., D.P.H.
County Medical Officer of Health

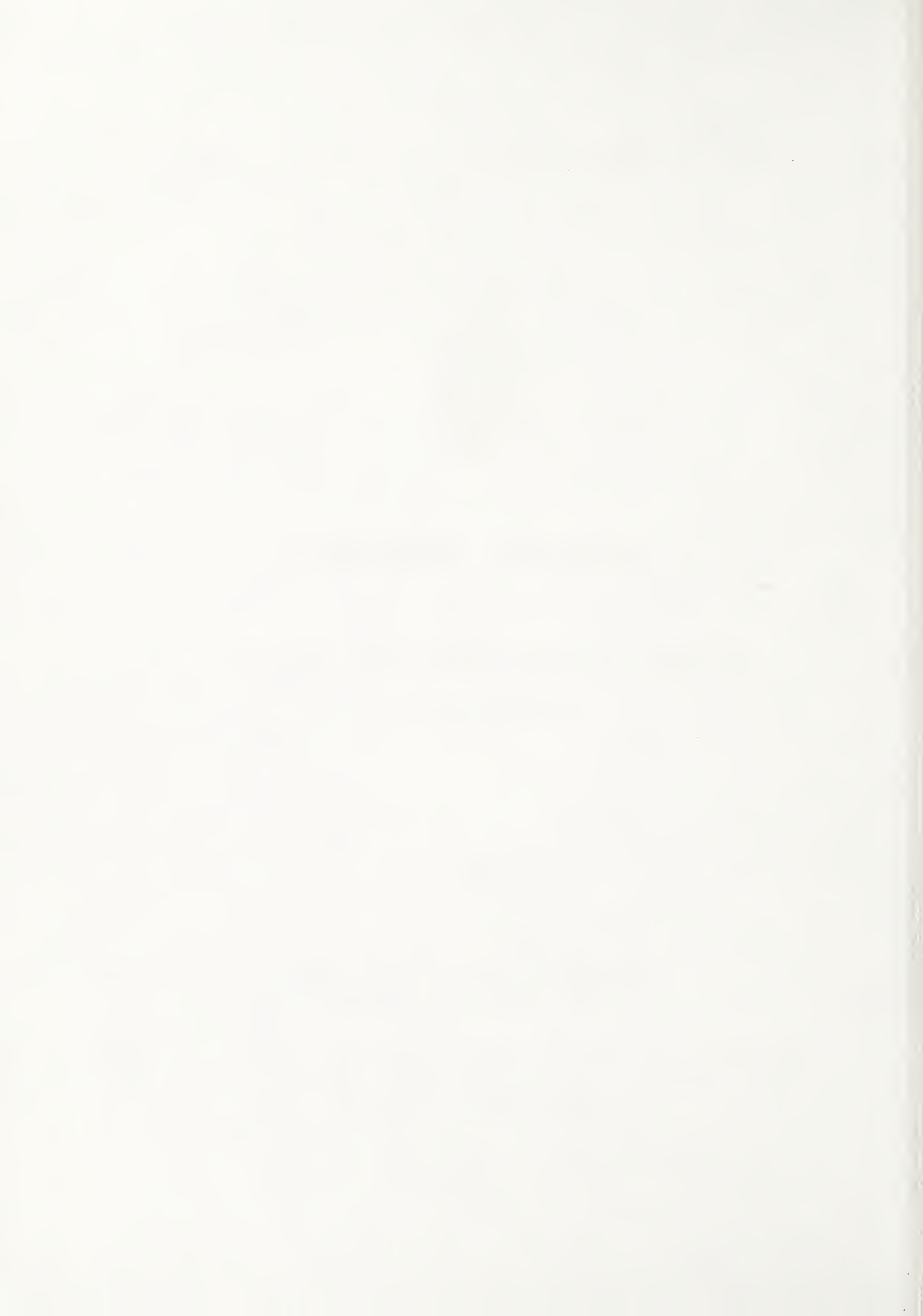


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INTRODUCTION

As 1974 approaches Local Health Authorities are beginning to take stock of those of their health services which are to become integrated with hospital and general medical services provided at present by the other two branches of the National Health Service. Much preparatory work lies ahead. Information is being exchanged not only as to what other Authorities are providing in the way of health care but also as to the extent of their services and as to how they are administered.

During the course of preparation of the Health Committee's Estimates for 1972/73 it became evident that expenditure on the Lindsey County Council's health services had been above the average of that of all County Councils. While this reflected the Health Committee's progressive ideas, especially in respect of certain of their services, a closer scrutiny of spending patterns in 1971 resulted in the Finance Committee effecting a redistribution of funds in a way they considered fair between the Council's varied services. The Health Committee's share of the Council's resources was therefore reduced to a greater extent than might otherwise have been the case.

Although the Council's health services are dealt with in detail in the text of this Report certain aspects of them are worthy of special mention.

From the coming into operation of the 1959 Mental Health Act, having got off with a slow start the Council steadily developed its mental health services to an extent that they had much to be proud of by the time the services were handed over to the Social Services Department in 1970. Much still needs to be done, however, in almost every aspect of mental health, especially with the home care of the mentally handicapped and with provision of hostel accommodation for them. It is gratifying to record that since the change-over of administration there has been close co-operation and a constant exchange of advice and ideas at all levels between the Social Services and Health Departments.

Recognised now as an increasingly important aspect of preventive medicine, the Family Planning Service is being steadily developed. Responsibility for it lies with each of the branches of the National Health Service. The potential to improve the quality of family life, to alleviate the distress of problem families and to reduce the need for social services has been fully recognised by the Health Committee. The service is being provided through the agency of the Family Planning Association whose experience is of long standing. Considerable help has been received from them, not only in the setting-up of clinics but in training nursing and medical staff to enable a direct service to be developed by the Council in parts of the County not fully covered by the agency arrangements.

Over recent years steady progress has been made in the development of the district nursing service. More and more nurses are becoming attached to general practices, with considerable advantage to the care offered to their patients. Unfortunately financial restriction has been a factor limiting this progress. The Council's policy of providing the nursing service on a team basis has proved highly

successful in ensuring an equitable distribution of work among staff and in enabling patients to receive the type of care they need. The Lindsey County Council pioneered the service on a team basis and much of the success in the initial stages was due to the enthusiasm and ideas of Miss Margaret Baddiley, the Council's Chief Nursing Officer at the time the team system was introduced. Changes in the service are now pending so that it will be in line for inclusion in the new National Health Service of 1974. From then on there will be much greater emphasis than heretofore on the care of patients in the community.

Developments in health visiting have taken the form of a change in orientation of the work of the health visitors, their training within recent years having been more in line with modern trends in health care. More health visitors are becoming attached to general practices, more are undertaking health education in schools, more are undertaking screening tests for hearing among young children, they are spending more time on the needs of the elderly, they are spending more time in hospital paediatric departments and in the care of expectant mothers, while in-service training is also enabling more health visitors to advise on family planning.

This reorientation of health visitors' work has made appreciable inroads into their time, but the actual number of health visitors in Lindsey has changed little over the last ten years. While the number of established posts in Scunthorpe is commensurate with national standards, that of the remainder of the County falls far short of these. Limited financial resources have kept down the number of training bursaries to six a year for the whole County, while recruitment of qualified health visitors has just about kept up with resignations. The Department of Health's Statistics of Staff employed in the Community Nursing Service showed that on 30th September, 1971, the population of 10,525 per health visitor in Lindsey was exceeded in only two other English counties, one of which was our own neighbour, Kesteven. It is to be hoped that this gap in the community nursing services in Lincolnshire will become less serious as the new community orientated National Health Service develops after 1st April, 1974.

Chiropody is another service worthy of mention. The standard of provision in Lindsey is well above average, due not only to the recognition by the Health Committee of its importance but also to success in recruitment. Unfortunately, however, many demands for the service still remain unmet. The one mobile unit recently provided has been extremely successful. The ability to give treatment in this way under hygienic conditions, apart from bringing the service to the patients, is attractive to both chiropodists and patients alike. The result has been an increase in the demand for treatment in the area where the unit is in operation.

Those who have read this Annual Report regularly will have noticed that details of environmental health services have usually been dealt with comprehensively. They illustrate the special interest which the Health Committee have taken in environmental health over the years as well as the enthusiasm and hard work of the County

Health Inspector, Mr. G. Collinson, and his staff. There is little doubt that the work undertaken in the past will provide a sound basis for the provision of environmental health services by the new Local Authorities in 1974.

In May 1971 the Chief Administrative Officer of the Health Department, Mr. C.H. Nicholson, retired. He joined the staff of the County Council as a junior clerk in June 1929 and was appointed Chief Clerk in the Health Department in February 1949. His long administrative experience proved of considerable benefit to the Department and we wish him well in his retirement. He has been succeeded by Mr. E.A. Wood who is no stranger to us as he has held a senior post in the Department for some years.

Much time has been put in by the staff of the Health Department in drafting and collating information for this Annual Report and my thanks are due to them for their efforts not only in this connection but especially throughout the year in continuing to maintain the services for which their County Health Department is responsible. My thanks are especially due to the Chairman and Members of the Health Committee for their continued support.

C.D. CORMAC
County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY

County Medical Officer of Health

CYRIL D. CORMAC, M.A., B.M., B.Ch., M.F.C.M., D.P.H.

Deputy County Medical Officer of Health

KENNETH E. JONES, M.B., Ch.B., D.P.H.

Senior Medical Officer

MICHAEL S. BLACKBOURN,

M.B., Ch.B., L.R.C.P., D.O.R.C.O.G., D.C.H., D.P.H., (Appointed 25.1.71)

Medical Officers in Department

PAULINE J. BEE, M.B., Ch.B., (Resigned 31.10.71)

KATHLEEN A. CLYNE, M.B., Ch.B., B.A.O. (Part-time)

NASIR A. KHAN, M.B., B.S., D.P.H. (Resigned 31.8.71)

HENRY L. LAING, L.R.C.P., L.R.C.S.

NORA LAING, L.R.C.P. & S.I.

JOHN E. LEE, M.R.C.S., L.R.C.P., D.P.H.

THELMA LEE, M.B., B.S., (Part-time)

ANTHONY LOFTUS, L.R.C.P., L.R.C.S., L.M., D.P.H.

STANLEY A. O'HAGAN, M.B., B.S., D.P.H.

DOROTHY W. O'HAGAN, M.B., B.S.

JAMES S. ROBERTSON, M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.

MARY C. ROBERTSON, M.B., Ch.B.

ALAN V. SHEARD, M.B., Ch.B., D.O.R.C.O.G., D.P.H.

SAMUEL SMITH, M.B., Ch.B., D.P.H.

General Medical Practitioners Undertaking Regular Sessional Work

PEGGY N. BESWICK, M.R.C.S., L.R.C.P.

ANNE BRETHERICK, M.B., Ch.B.

PROBHA CHOUDHURY, M.B., B.S.

FREDA GRAINGER, M.B., Ch.B.,

PATRICIA E. LINNELL, M.R.C.S., L.R.C.P.

JAMES D. MACADOREY, L.R.C.P., L.R.C.S.

WILLIE P. MITCHELL, M.B., Ch.B.

KEVIN O'TOOLE, M.B., B.Ch.

ISABELLA B. OAKENFULL, M.B., Ch.B.

THOMAS PARKER, M.B., B.S.

/continued

General Medical Practitioners Undertaking Regular Sessional Work (continued)

DIANA M. REEVES, M.B., Ch.B.
WILHELMINA SHANKS, M.B., B.Ch.
DIANE W. SEMARK, M.B., B.S., M.R.C.S., L.R.C.P.
SWADESH SIKKA, M.B., B.S., D.C.H.
NORMAN SWALLOW, M.R.C.S., L.R.C.P.
RUSSELL J. WALSHAW, M.B., Ch.B., M.R.C.G.P.

Chief County Dental Officer

JOHN WATSON, B.D.S., L.D.S., D.D.P.H., R.C.S.

County Orthodontist

ALBERT W. GREENWOOD, B.D.S., L.D.S., D.Orth. R.C.S.

Area Dental Officers

PAUL A. BETTS, L.D.S.
MARY CLAYTON, B.D.S., L.D.S.
RALPH C. CLAYTON, L.D.S.
JOHN H. HARPER, B.D.S.
JOHN M. SULLIVAN, L.D.S., R.C.S.
CHRISTOPHER J.D. SYKES, B.Ch.D., L.D.S.
DENNIS G. THOMPSON, B.D.S.

Senior Dental Officer

WILLIAM T. CHAPMAN, L.D.S., R.C.S.

Dental Officers

PATRICIA E. CARSE, B.D.S.
SIMON J.J.S. FALLON, B.Ch.D. (Appointed 18.10.71)
JANET GREETHAM, B.D.S. (Resigned 31.1.71)
ANTHONY I. HUTCHINSON, L.D.S.
WILLIAM W. KAY, L.D.S.
HYWEL G. JONES, B.D.S.
JOHN McCUTCHEON, L.D.S., R.F.P.S.
MAUREEN SULLIVAN, L.D.S., R.C.S., (Part-time)
BARBARA B. WARD, B.Ch.D., L.D.S. (Part-time)

Dental Auxiliary

ANN L. ROBINSON

County Health Inspector
GEORGE COLLINSON, D.P.A., F.I.P.H.E., M.A.P.H.I.

Assistant County Health Inspector
ARTHUR HENRY RANDS, M.A.P.H.I.

Chief Nursing Officer
MARJORIE C. EDWARDS, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

Assistant Nursing Officers
PRUDENCE M. GILBERT,
S.R.N., S.C.M. Health Visitors Cert. of R.S.H.
JOAN M. HART, S.R.N., S.C.M. Health Visitors Cert. of R.S.H.
GWENDOLINE F.M. O'REILLY, S.R.N., S.C.M.
MARY SAVILLE, S.R.N., S.C.M. Health Visitors Cert. of R.S.H.

County Ambulance Officer
JOHN H. DAVIS

Chief Administrative Officer
CHARLES H. NICHOLSON (Retired 3.5.71)
ERNEST A. WOOD, D.P.A., A.C.I.S. (Appointed 4.5.71)

Health Education Officer
PETER M. ENGLAND

Public Analyst
ERIC R.W. FOGDEN, B.Sc., F.R.I.C.

DISTRICT MEDICAL OFFICERS OF HEALTH

<i>District</i>	<i>Name</i>	<i>Qualifications</i>	<i>Address</i>
<i>URBAN</i>			
Alford	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Alford
Barton-upon-Humber	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Clinic, Bigby Road, Brigg
Brigg	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Clinic, Bigby Road, Brigg
Cleethorpes Borough	S. Smith	M.B., Ch.B., D.P.H.	Health Dept., Council House, Cleethorpes
Gainsborough	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Guildhall, Gainsborough
Horncastle	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Louth	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Health Department, Town Hall Louth
Mablethorpe & Sutton	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Mablethorpe
Market Rasen	S. Smith	M.B., Ch.B., D.P.H.	Council Offices, Market Rasen
Scunthorpe Borough	S. Childs	M.A., M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H., D.P.A., D.T.M. & H.	Health Dept., Comforts Avenue, Scunthorpe.
Skegness	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	The Clinic, Cecil Avenue, Skegness
Woodhall Spa	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Woodhall Spa.
<i>RURAL</i>			
Caistor	S. Smith	M.B., Ch.B., D.P.H.	Council Offices, Caistor
Gainsborough	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	26, Spital Terrace, Gainsborough
Glanford Brigg	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Clinic, Bigby Road, Brigg
Grimsby	S. Smith	M.B., Ch.B., D.P.H.	Council Offices, Immingham
Horncastle	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Isle of Axholme	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	Council Offices, Epworth, Doncaster
Louth	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Cannon Street, Louth
Spilsby	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Toynton All Saints, Spilsby.
Welton	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, 10 Park Street, Lincoln.

VITAL STATISTICS

Registrar General's estimated mid-year population	...	...	376,810
Live births	...	...	6,268
Live birth rate per 1,000 population	...	...	16.63
Illegitimate live births per cent. of total live births	...	...	7.29
Still-births	...	...	76
Still-births rate per 1,000 total live and still-births	...	...	11.98
Total live and still-births	...	...	6,344
Infant deaths	...	...	116
Infant mortality rate per 1,000 live births - total	...	...	18.50
Infant mortality rate per 1,000 live births - legitimate	...	...	17.73
Infant mortality rate per 1,000 live births - illegitimate	...	...	28.45
Neo-natal mortality rate per 1,000 total live births (deaths in first four weeks)	...	...	12.60
Early neo-natal mortality rate per 1,000 total live births (deaths in first week)	...	...	10.69
Perinatal mortality rate (still-births and early neo-natal births)	...	...	22.54
Maternal deaths (including abortions)	...	...	Nil
Maternal mortality rate per 1,000 total live and still-births	...	...	—
Deaths from all causes	...	...	4,121
Death rate per 1,000 population	...	...	10.94
Deaths from cancer	...	...	779
Deaths from cancer - rate per 1,000 population	...	...	2.07
Deaths from lung cancer	...	...	178
Deaths from lung cancer - rate per 1,000 population	...	...	0.47
Deaths from ischaemic heart disease	...	...	1,058
Deaths from ischaemic heart disease - rate per 1,000 population	...	...	2.81

The birth and death rates for the County as adjusted by the area comparability factor and, for purposes of comparison for England and Wales are given below:-

			<i>Live births rate for 1,000 population</i>	<i>Death rate for 1,000 population</i>
England and Wales	...	...	16.0	11.6
Lindsey	...	...	17.1	10.9

Live Births 1971

<i>Districts</i>	<i>Total Births</i>	<i>Legitimate</i>		<i>Illegitimate</i>	
		<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>
Urban					
Alford	41	14	25	2	—
Barton-upon-Humber ...	129	59	60	7	3
Brigg... ..	82	41	36	3	2
Cleethorpes Borough ...	615	271	273	42	29
Gainsborough	317	137	152	17	11
Horncastle	66	26	26	10	4
Louth Borough	198	83	104	8	3
Mablethorpe & Sutton ...	69	30	35	2	2
Market Rasen	42	17	22	3	—
Scunthorpe Borough ...	1,175	548	532	50	45
Skegness	169	79	69	16	5
Woodhall Spa	29	12	15	—	2
Aggregate Urban Districts	2,932	1,317	1,349	160	106
Rural					
Caistor	245	108	118	7	12
Gainsborough	242	117	116	4	5
Glanford Brigg	801	406	354	20	21
Grimsby	629	288	307	18	16
Horncastle	209	105	90	6	8
Isle of Axholme	231	104	111	7	9
Louth	321	153	146	10	12
Spilsby	270	110	135	11	14
Welton	388	200	177	8	3
Aggregate Rural Districts	3,336	1,591	1,554	91	100
Whole County	6,268	2,908	2,903	251	206

Still Births 1971

<i>Districts</i>	<i>Total Births</i>	<i>Legitimate</i>		<i>Illegitimate</i>	
		<i>Male</i>	<i>female</i>	<i>male</i>	<i>female</i>
Urban					
Alford	2	—	1	1	—
Barton-upon-Humber ...	2	1	—	—	1
Brigg	1	1	—	—	—
Cleethorpes Borough ...	11	4	6	1	—
Gainsborough	3	2	1	—	—
Horncastle	1	1	—	—	—
Louth Borough	5	3	2	—	—
Mablethorpe & Sutton ...	1	—	1	—	—
Market Rasen	2	—	1	1	—
Scunthorpe Borough ...	10	2	7	1	—
Skegness	3	1	2	—	—
Woodhall Spa	1	1	—	—	—
Aggregate Urban Districts	42	16	21	4	1
Rural					
Caistor	2	1	1	—	—
Gainsborough	1	—	1	—	—
Glanford Brigg	8	7	1	—	—
Grimsby	8	5	2	—	1
Horncastle	3	2	1	—	—
Isle of Axholme	2	2	—	—	—
Louth	6	4	2	—	—
Spilsby	—	—	—	—	—
Welton	4	1	3	—	—
Aggregate Rural Districts	34	22	11	—	1
Whole County	76	38	32	4	2

Causes of all deaths in the County at different ages, 1971

<i>Causes of death</i>		<i>Under 4 weeks</i>	<i>4 weeks & under 1 year</i>	<i>1—</i>	<i>5—</i>	<i>15—</i>	<i>25—</i>	<i>35—</i>	<i>45—</i>	<i>55—</i>	<i>65—</i>	<i>75 & over</i>	<i>Total</i>
B.1	Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—
B.2	Typhoid fever ...	—	—	—	—	—	—	—	—	—	—	—	—
B.3	Bacillary dysentery and amoebiasis	—	—	—	—	—	—	—	1	—	—	—	1
B.4	Enteritis & other diarrhoeal diseases ...	1	5	—	—	—	—	1	—	—	—	—	6
B.5	Tuberculosis of respiratory system	—	—	—	—	—	—	—	1	1	4	1	7
B.6.(1)	Late effects of respiratory tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—
B.6 (2)	Other tuberculosis ...	—	—	—	—	—	—	2	—	—	1	—	3
B.7	Plague ...	—	—	—	—	—	—	—	—	—	—	—	—
B.8	Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
B.9	Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—
B.10	Streptococcal sore throat & scarlet fever ...	—	—	—	—	—	—	—	—	—	—	—	—
B.11	Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—
B.12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
B.13	Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—
B.14	Measles ...	—	1	—	—	—	—	—	—	—	—	—	1
B.15	Typhus and other rickett- sioses	—	—	—	—	—	—	—	—	—	—	—	—
B.16	Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—
B.17	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—
B.18	All other infective and parasitic diseases ...	1	2	—	—	—	—	—	—	—	1	2	6
B.19(1)	Malignant neoplasm - buccal cavity & pharynx ...	—	—	—	—	1	—	—	1	1	1	2	6
B.19(2)	Malignant neoplasm - oesophagus	—	—	—	—	—	—	—	2	5	6	7	20
B.19(3)	Malignant neoplasm - stomach	—	—	—	—	—	1	—	8	14	22	32	77
B.19(4)	Malignant neoplasm - intestine	—	—	—	—	—	2	3	8	17	39	51	120
B.19(5)	Malignant neoplasm - larynx	—	—	—	—	—	—	—	1	—	1	2	4
B.19(6)	Malignant neoplasm - lung bronchus ...	—	—	—	—	—	—	3	16	55	74	30	178
B.19(7)	Malignant neoplasm - breast	—	—	—	—	—	1	7	16	11	16	14	65
B.19(8)	Malignant neoplasm - uterus	—	—	—	—	—	—	2	2	4	4	9	21
B.19(9)	Malignant neoplasm - prostate ...	—	—	—	—	—	—	—	1	1	14	19	35
B.19(10)	Leukaemia ...	—	—	—	1	1	1	—	1	5	11	3	23
B.19(11)	Other malignant neoplasms, including neoplasms of lym- phatic & haematopoietic tissue	—	2	5	1	1	7	10	27	48	61	68	230
B.20	Benign neoplasms and neoplasms of unspecified nature ...	—	—	—	—	—	—	—	2	1	4	2	9
B.21	Diabetes mellitus ...	—	—	—	—	—	—	—	1	5	16	19	41
B.22	Avitaminoses and other nutritional deficiency	—	—	—	—	—	—	—	—	—	—	—	—
B.46(1)	Other endocrine, nutritional & metabolic diseases	—	—	2	—	—	1	—	—	2	4	2	11
B.23	Anaemias ...	—	—	—	—	—	1	—	1	1	4	9	16
B.46(2)	Other diseases of blood & blood forming organs	—	—	—	—	—	—	—	—	1	—	—	1
B.46(3)	Mental disorders ...	—	—	—	—	—	—	—	—	1	1	3	5
B.24	Meningitis ...	—	—	—	—	—	—	—	—	1	1	1	3
B.46(4)	Multiple sclerosis ...	—	—	—	—	—	—	—	3	2	2	—	7

Causes of all deaths in the County at different ages, 1971 (Cont'd)

<i>Causes of death</i>		<i>Under 4 weeks</i>	<i>4 weeks & under 1 year</i>	<i>1-</i>	<i>5-</i>	<i>15-</i>	<i>25-</i>	<i>35-</i>	<i>45-</i>	<i>55-</i>	<i>65-</i>	<i>75 & over</i>	<i>Total</i>
B.46(5)	Other diseases of nervous system & sense organs ...	-	1	1	1	3	-	-	-	2	13	9	30
B.25	Active rheumatic fever ...	-	-	-	-	-	-	-	-	-	-	-	-
B.26	Chronic rheumatic heart disease ...	-	-	-	-	1	-	4	6	9	8	6	34
B.27	Hypertensive disease ...	-	-	-	-	-	1	1	5	6	28	37	78
B.28	Ischaemic heart disease	-	-	-	-	-	1	28	66	175	349	439	1,058
B.29	Other forms of heart disease	-	-	-	-	1	1	3	8	13	41	170	235
B.30	Cerebrovascular disease	-	-	-	-	-	-	2	19	54	206	383	664
B.46(6)	Other diseases of the circulatory system ...	-	-	-	-	1	-	1	5	23	31	130	191
B.31	Influenza ...	-	-	-	-	-	-	-	-	-	1	4	5
B.32	Pneumonia ...	5	6	-	-	3	1	2	2	15	45	121	200
B.33(1)	Bronchitis, emphysema ...	-	-	-	-	-	1	1	5	28	73	66	174
B.33(2)	Asthma ...	-	-	-	1	-	1	1	-	3	2	2	10
B.46(7)	Other diseases of the respiratory system ...	-	5	2	-	-	-	-	2	4	7	11	31
B.34	Peptic ulcer ...	-	-	-	-	-	-	1	1	6	2	10	20
B.35	Appendicitis ...	-	-	-	2	-	-	-	-	1	-	2	5
B.36	Intestinal obstruction and hernia ...	1	1	1	-	1	-	-	-	2	4	4	14
B.37	Cirrhosis of liver ...	-	-	-	-	-	-	-	3	7	3	3	16
B.46(8)	Other diseases of the digestive system ...	-	1	-	-	1	-	2	5	6	9	15	39
B.38	Nephritis and nephrosis ...	-	-	-	-	1	1	-	3	3	8	8	24
B.39	Hyperplasia of prostate ...	-	-	-	-	-	-	-	-	-	1	13	14
B.46(9)	Other diseases of the genito-urinary system ...	-	-	-	-	-	-	-	3	7	9	13	32
B.40	Abortion ...	-	-	-	-	-	-	-	-	-	-	-	-
B.41	Other complications of pregnancy childbirth & puerperium	-	-	-	-	-	-	-	-	-	-	-	-
B.46(10)	Diseases of the skin and subcutaneous tissue ...	-	-	-	-	-	-	-	-	1	-	1	2
B.46(11)	Diseases of the musculo-skeletal system and connective tissue	-	-	-	-	-	-	1	-	5	5	14	25
B.42	Congenital anomalies ...	21	9	3	1	1	-	2	-	2	-	-	39
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions ...	20	-	-	-	-	-	-	-	-	-	-	20
B.44	Other causes of perinatal mortality ...	30	-	-	-	-	-	-	-	-	-	-	30
B.45	Symptoms & ill-defined conditions	-	-	-	-	-	-	-	-	-	-	54	54
BE.47	Motor vehicle accidents ...	-	-	3	6	20	9	7	5	8	3	6	67
BE.48	All other accidents ...	-	4	3	3	5	2	5	9	10	5	32	78
BE.49	Suicide and self-inflicted injuries ...	-	-	-	-	4	2	3	6	3	5	1	24
BE.50	All other external causes	-	-	1	-	1	1	1	1	3	1	2	11
TOTAL		79	37	21	16	46	35	93	246	572	1,146	1,830	4,121

Premature Births 1971

(as adjusted by any notifications transferred in or out of the area)

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home, or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1. 2lb. 3oz. or less	11	10	—	—	—	—	—	—	2	2	—	—	8	—
2. Over 2lb. 3oz. up to and including 3lb. 4oz.	21	11	3	—	—	—	—	—	1	1	—	—	7	1
3. Over 3lb. 4oz. up to and including 4lb. 6oz.	53	5	—	—	1	1	—	—	1	—	—	—	8	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz.	80	2	1	1	1	—	—	—	—	—	—	—	4	—
5. Over 4lb. 15oz. up to and including 5lb. 8oz.	176	2	2	—	4	—	—	—	5	—	—	—	4	—
6. TOTAL	341	30	6	1	6	1	—	—	9	3	—	—	31	1

Table giving population, number of births and deaths together with analysis of causes of death, for each County District in respect of year 1971

District	Registrar General's estimated population	Live Births	Deaths	Deaths																																			
				Cholera	Typhoid fever	Bacillary dysentery and amoebiasis	Enteritis and other diarrhoeal diseases	Tuberculosis of respiratory system	Late effects of respiratory tuberculosis	Other tuberculosis	Plague	Diphtheria	Whooping cough	Streptococcal sore throat and scarlet fever	Meningococcal infection	Acute poliomyelitis	Smallpox	Measles	Typhus and other rickettsioses	Malaria	Syphilis and its sequelae	All other infective and parasitic diseases	Malignant neoplasm - buccal cavity and pharynx	Malignant neoplasm - oesophagus	Malignant neoplasm - stomach	Malignant neoplasm - intestine	Malignant neoplasm - larynx	Malignant neoplasm - lung, bronchus	Malignant neoplasm - breast	Malignant neoplasm - uterus	Malignant neoplasm - prostate	Leukaemia	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	Benign neoplasms and neoplasms of unspecified nature	Diabetes mellitus	Avitaminoses and other nutritional deficiencies	Other endocrine, nutritional and metabolic diseases		
				B.1	B.2	B.3	B.4	B.5	B.6 (1)	B.6(2)	B.7	B.8	B.9	B.10	B.11	B.12	B.13	B.14	B.15	B.16	B.17	B.18	B.19(1)	B.19(2)	B.19(3)	B.19(4)	B.19(5)	B.19(6)	B.19(7)	B.19(8)	B.19(9)	B.19(10)	B.19(11)	B.20	B.21	B.22	B.46(1)		
Urban																																							
Alford	2,310	41	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	2	1	-	-	-	2	1	-	-	-	-	
Barton-upon-Humber	7,480	129	113	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	6	4	-	-	3	2	5	-	5	-	1		
Brigg	4,860	82	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	1	2	-	-	-		
Cleethorpes Borough	35,920	615	394	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	4	13	21	2	3	2	4	20	1	4	-	-	1			
Gainsborough	17,580	317	243	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	6	11	2	1	1	2	7	1	5	-	-	1			
Horncastle	4,100	66	51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	-	-	-	1	2	6	-	1	-	-			
Louth Borough	11,710	198	192	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	2	4	8	-	12	3	4	5	-	8	-	1	-	-			
Mablethorpe and Sutton	6,100	69	117	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	2	-	5	1	-	2	1	4	-	-	-	1			
Market Rasen	2,540	42	43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	3	1	-	-	-	2	-	-	-	-			
Scunthorpe Borough	70,480	1,175	672	-	-	-	2	2	-	1	-	-	-	-	-	-	-	-	-	-	-	2	5	7	18	-	26	17	2	3	2	43	2	5	-	1			
Skegness	13,270	169	217	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	6	13	-	12	2	1	2	1	12	-	2	-	-		
Woodhall Spa	2,300	29	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-	1	-	3	-	1	-	-			
TOTAL	178,650	2,932	2,201	-	-	-	4	5	-	2	-	-	-	-	-	-	-	-	-	-	-	4	2	13	38	67	1	100	33	11	20	14	113	5	26	-	5		
Rural																																							
Caistor	14,960	245	169	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	4	6	1	8	3	-	3	1	7	-	1	-	-		
Gainsborough	12,600	242	140	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	-	3	1	-	2	2	9	-	2	-	-		
Glanford Brigg	45,560	801	437	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	4	5	15	1	14	7	4	2	-	24	-	3	-	3			
Grimsby	30,990	629	213	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	5	4	-	7	5	-	1	-	15	1	2	-	1			
Horncastle	14,670	209	112	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	-	4	1	2	1	-	8	-	-	-	-			
Isle of Axholme	14,790	231	143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	5	5	-	6	1	2	2	2	11	-	1	-	1		
Louth	18,880	321	189	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	4	-	14	3	-	2	3	15	-	2	-	1			
Spilsby	22,340	270	337	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	6	9	1	13	4	1	2	1	20	1	4	-	1		
Welton	23,370	388	180	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	5	-	9	7	1	-	-	8	2	-	-	-	-		
TOTAL	198,160	3,336	1,920	-	-	1	3	2	-	1	-	-	-	-	-	-	-	1	-	-	-	2	4	7	39	53	3	78	32	10	15	9	117	4	15	-	6		
Total for Administrative County	376,816	6,268	4,121	-	-	1	7	7	-	3	-	-	-	-	-	-	-	1	-	-	-	6	6	20	77	120	4	178	65	21	35	23	230	9	41	-	11		

	B. 23	B. 46(2)	B. 46(3)	B. 24	B. 46(4)	B. 46(5)	B. 25	B. 26	B. 27	B. 28	B. 29	B. 30	B. 46(6)	B. 31	B. 32	B. 33(1)	B. 33(2)	B. 46(7)	B. 34	B. 35	B. 36	B. 37	B. 46(8)	B. 38	B. 39	B. 46(9)	B. 40	B. 41	B. 46(10)	B. 46(11)	B. 42	B. 43	B. 44	B. 45	BE. 47	BE. 48	BE. 49	BE. 50		District																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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CARE OF MOTHERS AND YOUNG CHILDREN

CHILD HEALTH CLINICS

Clinics

As can be seen from the Graph overleaf there was again an increase in the number of attendances at the Child Health Clinics. This is in keeping with the pattern of the last ten years and is not related to any change in the birth rate.

The attendances at clinics are kept under regular review and when it is felt that they are becoming less used because of a change in population structure, this could be due to the closing of a military camp as happened at North Cotes during the year, they are closed down. In areas where the fall off is through a more natural population change then transport is provided for those mothers who still wish to attend a clinic.

On the other hand, where it is felt that there is a need for a clinic as became apparent at Caistor, last year, then a clinic is opened.

At the end of last year full time staff including district medical officers and their deputies were carrying out only 30% of the clinic work. The rest was being done by part time medical staff (48%) and general practitioners (22%) who work either from their own surgeries or from accommodation provided by the County Council.

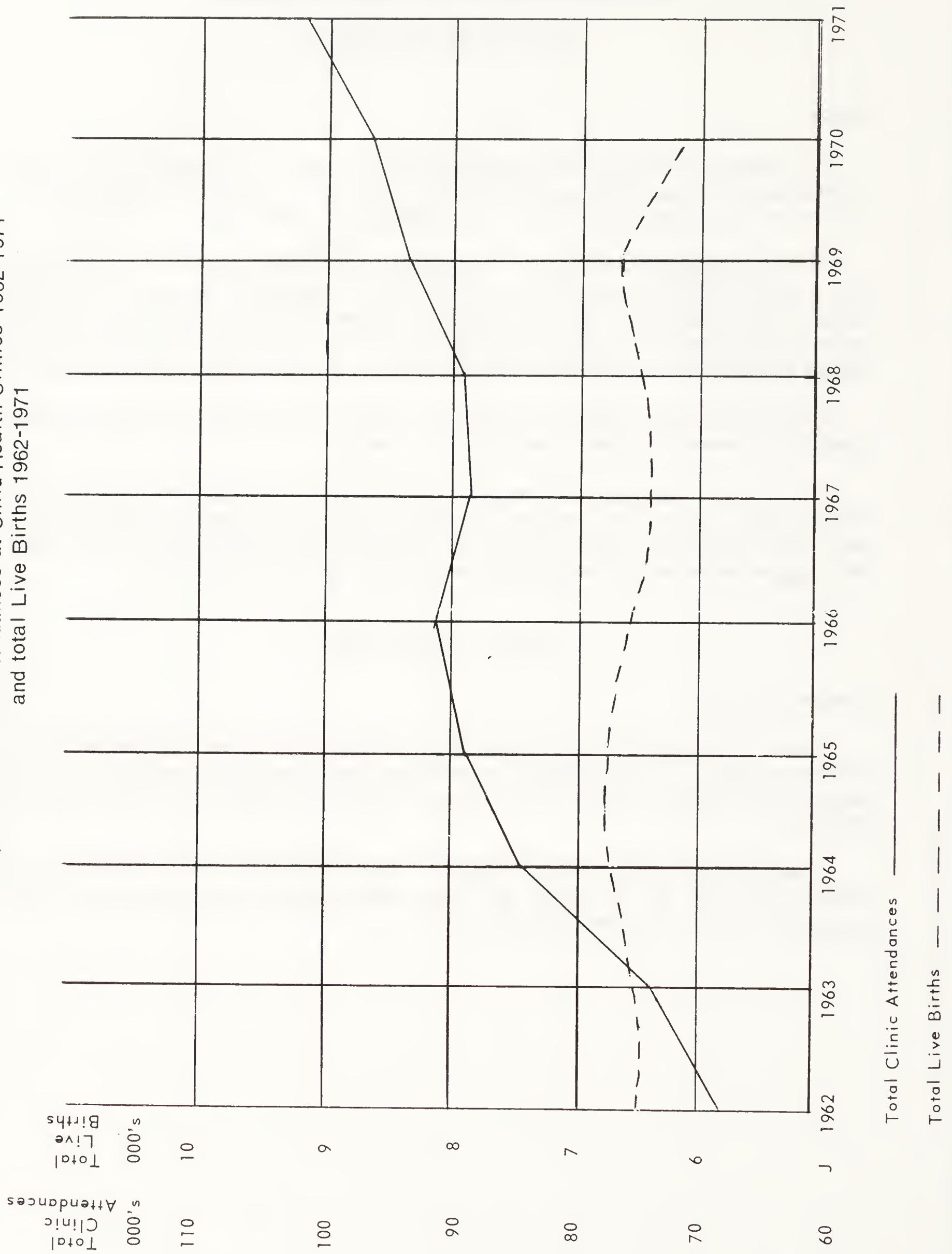
EARLY DETECTION

Congenital Defects

Since 1963 a record has been kept of all infants noted to have congenital abnormalities at birth. This information is received from doctors and midwives on the statutory notification of birth which they are required to send to the County Medical Officer.

The information serves two purposes. In the first place it lets the health department know of any child who may need special help in the future and it also serves as a basis for epidemiological study.

Graph to show total attendances at Child Health Clinics 1962-1971
and total Live Births 1962-1971



<i>Congenital Defect</i>	<i>Number detected at birth</i>	<i>Number detected after birth</i>
Anencephalus	9	—
Hydrocephalus	16	2
Spina bifida	11	—
Microcephalus	—	—
Other specified malformations of brain or spinal chord	8	—
Corneal opacity	1	—
Accessory auricle	—	—
Defects of ear (unspecified)	7	2
Cleft lip	8	—
Cleft palate	10	1
Rectal and anal atresia	2	—
Other defects of alimentary system	3	—
Unspecified defects of alimentary system	1	—
Congenital heart disease (unspecified)	12	7
Interventricular septal defect	—	—
Other defects of heart and great vessels	—	1
Defects of diaphragm	1	—
Hypospadias, epispadias	5	1
Other defects of male genitalia	4	1
Defects of female genitalia	4	—
Polydactly	1	—
Syndactly	—	—
Dislocation of hip	2	3
Talipes	29	5
Defects of upper limb (unspecified)	1	—
Defects of lower limb (unspecified)	10	1
Other defects of hand	3	1
Defects of skull and face	3	—
Defects of muscles	—	—
Other defects of face and neck	1	—
Vascular defects of skin, subcutaneous tissues and mucous membranes (including lymphatic defects)	2	—
Exomphalos and omphalocoele	4	—
Mongolism	2	—
Other	8	3
TOTAL	168	27

Screening for Phenylketonuria

This involves taking a small blood sample from infants at six days old to discover whether they are suffering from this disease which if not treated early will lead to mental handicaps.

One child with the disease was found last year and is now on the prescribed dietary treatment.

Infants attending Child Health Clinics during 1971

Centres	No. under one at first attendance	No. of children attending during year who were born in:						Total number who attended during year	No. of attendances during year by children who were born in:						Total attend- ing during year	No. of sessions held	Average attendance at each session (per session)	No. seen by Doctor for Consult- ation
		1971	1970	1969	1968	1967	1966		1971	1970	1969	1968	1967	1966				
Bardney	21	14	28	6	6	8	4	66	94	159	42	33	45	20	393	23	17	61
Barnetby	18	16	25	16	13	14	6	90	120	230	71	36	53	23	533	24	22	191
Barrow-upon-Humber	56	45	59	47	27	20	15	213	146	203	124	64	48	29	614	24	26	260
Barton-upon-Humber	228	190	269	117	4	1	17	598	1,391	1,358	280	7	2	18	3,056	51	59	564
Belton	40	29	34	22	12	9	2	108	143	191	101	52	27	16	530	22	24	124
Binbrook	91	69	29	5	2	5	3	113	285	308	56	18	9	13	689	24	28	141
Bottesford	34	22	32	16	16	9	16	111	185	170	43	23	22	21	464	24	19	167
Brigg	133	119	152	93	26	20	1	411	732	620	238	58	36	5	1,689	51	33	699
Broughton	57	38	54	12	6	4	4	118	267	444	80	46	46	21	904	24	38	258
Burton Stather	48	44	43	18	11	3	17	136	330	308	49	25	12	22	746	24	31	159
Caistor	46	44	16	11	13	6		90	260	41	41	25	14		381	17	22	164
Cherry Willingham	93	83	91	40	18	14	10	256	773	599	125	58	27	24	1,606	52	31	326
Cleethorpes	497	386	289	80	12	5	5	777	2,529	1,425	171	23	11	10	4,169	100	42	1,012
Coningsby	133	122	81	64	18	38	33	356	867	560	199	99	96	52	1,873	52	36	808
Crowle	57	47	68	39	24	9	16	203	262	234	128	47	19	22	712	23	31	271
East Halton	7	4	11	7	3	1	4	30	37	66	18	19	4	9	153	24	6	34
Epworth	59	50	46	14	11	3	8	132	245	265	54	39	30	27	660	24	27	274
Friskney	21	16	21	12	6	3	7	65	80	201	88	43	32	18	462	22	21	191
Gainsborough (Spital Terrace)	236	183	155	62	32	16	1	449	1,217	1,027	247	90	87	7	2,675	51	52	434
Gainsborough (Woods Terrace)	82	74	63	23	13	14	4	191	702	584	140	90	50	26	1,592	48	33	167
Goxhill	20	19	17	18	23	17	9	103	133	139	126	110	59	37	604	24	25	244
Grainthorpe (HV only)	7	6	5	4	2	2	4	23	37	51	55	8	12	9	172	18	10	—
Haxey	44	36	44	27	5	6	7	125	181	255	88	34	32	27	617	23	27	178
Healing	34	28	23	9	8	6	6	80	267	472	134	74	55	46	1,048	52	20	197
Hemswell	72	62	50	19	6	1	2	140	323	296	67	25	10	5	726	24	30	337
Holton le Clay	45	37	42	35	9	9	34	166	257	290	83	20	15	40	705	22	32	308
Horncastle	106	87	61	17	12	6	8	191	525	549	103	59	37	20	1,293	52	25	351
Humberston	161	143	135	22	10	5	7	322	1,066	1,076	101	47	11	20	2,321	51	46	563
Immingham	295	242	217	133	65	39	18	714	1,912	2,043	643	230	119	66	5,013	99	51	700
Keadby	88	72	77	69	34	6	15	273	501	602	269	120	17	23	1,532	51	30	362
Keelby	40	34	24	19	4	5	2	88	216	190	207	35	21	13	682	22	31	100
Kirton Lindsey	63	54	45	41	24	13	21	198	230	249	129	80	28	34	750	23	33	156
Laceby	37	35	41	22	15	21	11	145	392	642	131	49	33	24	1,271	52	24	219
Louth	224	194	84	35	25	23	17	378	1,007	853	381	270	178	93	2,782	103	27	970
Mablethorpe	100	97	95	54	29	34	28	337	729	554	192	86	67	40	1,668	52	32	484
Manby	57	43	46	7	12	5	5	118	178	250	27	38	11	22	526	24	22	139
Market Rasen	85	65	64	49	23	21	17	239	541	521	334	147	113	68	1,724	51	34	244
Messingham	56	48	35	15	15	5	13	131	758	653	285	234	11	3	1,944	50	39	198
Nettleham	89	64	61	51	18	16	12	222	662	550	204	90	33	38	1,577	52	30	322
New Holland	48	34	68	47	16	28	15	208	108	213	105	45	47	26	544	24	23	230
New Waltham	54	48	55	31	10	3	6	153	550	488	183	75	38	27	1,361	52	26	488
North Cotes	4	1	8	1	3	1	3	17	1	40	2	7	1	3	54	6	9	26
North Somercotes	16	11	10	8	3	2	2	36	33	43	12	24	3	7	122	24	5	61
Saxilby	78	67	80	53	36	26	28	291	505	486	135	90	62	43	1,321	48	28	316
Scotter	54	45	55	23	29	14	16	182	269	363	73	115	36	31	887	24	37	220
Sibsey	38	32	12	14	7	11	13	89	165	119	76	47	51	46	504	24	21	224
Skegness	201	186	159	37	25	20	12	439	1,730	1,222	130	78	46	32	3,238	103	32	788
South Killingholme	51	48	34	24	15	17	10	148	222	265	69	34	38	16	644	24	27	99
Spilsby	54	42	37	14	13	4	5	115	173	141	62	60	29	16	481	24	20	187
Sturton by Stow	25	21	19	12	12	12	4	80	96	120	37	33	32	8	326	24	14	65
Tetney	25	14	33	14	10	5	9	85	138	269	64	32	18	37	558	24	23	219
Ulceby	23	22	32	17	8	14	9	102	157	294	127	53	73	47	751	23	33	278
Wainfleet	23	22	22	10	9	5	10	78	182	209	51	33	32	18	525	24	22	201
Waltham	90	79	82	32	25	22	50	290	869	645	72	38	28	59	1,711	51	34	507
Welton	80	56	66	25	8	2	9	166	448	689	140	56	22	28	1,383	52	27	601
Winteringham	7	7	7	13	10	5	6	48	67	61	69	39	8	8	252	24	10	55
Winterton	80	75	76	43	34	17	12	257	788	855	177	240	81	59	2,200	52	42	417
Woodhall Spa	36	30	37	17	7	8	6	105	165	234	62	30	24	13	528	24	22	237
Wragby	31	20	12	13	4	3	1	53	135	154	93	13	4	2	401	22	18	94
TOTALS	4,598	3,821	3,636	1,798	896	662	635	11,448	27,381	26,138	7,593	3,793	2,205	1,537	68,647	2,222	31	17,690
Scunthorpe																		
Ashby	438	392	343	227	62	35	19	1,078	4,372	3,298	766	212	91	66	8,805	195	45	1,572
Berkeley	109	103	98	49	42	27	12	331	1,342	1,110	280	352	178	100	3,362	53	63	234
Brumby	92	92	77	67	44	40	25	345	981	767	331	123	97	45	2,344	49	48	431
Parkinson Avenue	412	379	318	141	45	21	3	907	3,547	2,933	752	162	72	19	7,485	197	38	1,456
Riddings	254	236	260	136	63	37	13	745	2,891	2,550	530	254	154	68	6,447	103	63	1,322
Westcliffe	191	174	174	125	70	42	19	604	2,127	1,653	439	178	110	37	4,544	102	45	951
TOTALS	6,094	5,197	4,906	2,543	1,222	864	726	15,458	42,641	38,449	10,691	5,074	2,907	1,872	101,634	2,921	35	23,656

'At Risk'

A special register was started in 1963 in an effort to sift out those children who because of some hereditary factor or hazard suffered after conception are more likely to be left handicapped.

After analysing the experiences of nine years, and with new knowledge it is obvious that improvements can be made in this system, but with reorganisation so near it would be futile to make any drastic changes at the moment.

None the less the lessons learned will be useful to those who will be responsible for running this type of service in the future.

The County of Lindsey, excluding Scunthorpe	
Number of infants on register at end of 1970	2,370
Number added to register during 1971	1,370
Number removed from register during year	1,651
Number on register at end of 1971	2,089
Scunthorpe Only	
Number on register at end of 1971	939

Combined Clinics

After discussion with two of the Consultant Paediatricians working in hospitals in the county, joint clinics were started in the areas served by those specialists. At these, handicapped children are seen by the Consultant Paediatrician and the County Council doctor concerned with the case. Other people such as health visitors and educational psychologists who may be involved with a particular child attend as well.

This idea is for those involved with the child in various fields to see the child together and discuss the child with the parents, answering queries and giving advice as a team.

This service is already extremely useful and should develop further as the experiences of those involved produce new ideas.

Toddlers Clinics

These have continued to be run in more densely populated areas of the county where toddlers can be seen at the request of the mother or health visitor by the doctor. Unlike the Child Health Clinics these are run on an appointment system. This gives the doctor the opportunity to examine the child and discuss points with the mother in greater depth.

The following table sets out the toddlers clinic and attendances for 1971

<i>Clinic</i>	<i>Total attendance</i>	<i>No. of sessions</i>	<i>Average attendance</i>
Barton-upon-Humber	260	21	12
Brigg	211	24	9
Broughton	89	11	8
Cleethorpes	460	48	10
Coningsby	111	14	8
Gainsborough - Spital Terrace	88	11	8
Gainsborough - Woods Terrace	84	10	8
Holton le Clay	83	11	8
Horncastle	174	20	9
Humberston	196	23	9
Immingham	279	22	13
Laceby	183	24	8
Louth	110	17	6
Mablethorpe	130	18	7
Market Rasen	14	4	3
New Waltham	99	10	10
Skegness	187	22	9
	2,758	310	9
Scunthorpe			
Ashby	405	51	8
Parkinson Avenue	198	28	7
Riddings	174	24	7
TOTAL	3,535	413	9

Summary of defects found at the examination of toddlers

<i>Defect</i>	<i>Referred for treatment</i>	<i>For observation but not requiring treatment</i>
Cleanliness	—	—
Infestation		
head	1	—
body	—	2
Teeth	18	54
Skin	23	138
Eyes		
(a) vision	5	16
(b) squint	24	54
(c) other	8	5
Ears		
(a) hearing	12	26
(b) otitis media Rt.	6	26
Otitis media Lt.	3	18
(c) other	1	8
Nose and throat	7	49
Speech	12	74
Lymphatic glands	—	13
Heart and circulation	16	85
Lungs	14	17
Development		
(a) hernia	1	9
(b) other	2	37
Orthopaedic		
(a) posture	—	25
(b) feet	13	80
(c) other	11	78
Nervous System		
(a) epilepsy	2	7
(b) other	2	13
Psychological		
(a) development	2	24
(b) stability	3	25
Abdomen	3	12
Other defects or diseases	9	62
TOTAL	198	960

Immunisation Clinics

Special immunisation sessions are held at Barton, Cleethorpes and Gainsborough in order to prevent overcrowding at the normal child health sessions. The following table shows attendances and the number of sessions at each clinic:-

<i>Clinic</i>	<i>Polio-myelitis</i>	<i>Small-pox</i>	<i>*Immu-nisation</i>	<i>Mea-sles</i>	<i>Others</i>	<i>Total</i>	<i>No. of sessions</i>	<i>Average attdce.</i>
Barton-upon-Humber	486	106	411	154	89	1,246	13	96
Cleethorpes	594	4	556	127	14	1,295	22	59
Gainsborough								
Spital Terrace	124	19	123	26	2	294	11	27
Woods Terrace	75	4	77	16	—	172	13	13
TOTAL	1,279	133	1,167	323	105	3,007	59	51

**Diphtheria, Whooping Cough and Tetanus*
Diphtheria and Tetanus
Tetanus

CLINIC TRANSPORT

Because of the rural nature of much of the county and the decline in public transport services it has been necessary to provide transport in order that mothers can bring their infants to clinics.

Each route is reviewed, periodically and adjustments are made in relation to the need.

<i>Clinic</i>	<i>Cost per journey</i>	<i>Cost per child per journey</i>
		Average
Belton	£1.80	13 14p
Coningsby		
Mareham le Fen route	£5.07	7 66p
New York route	£5.10	5 £1.10
Crowle	£3.50	5 78p
	£4.00 (wef 1.2.71)	
Friskney	£3.25	13 25p
	£3.57 (wef 1.6.71)	
Haxey	£3.00	7 38p
Keadby	£1.87	3 58p
Sibsey		
Stickford route	£3.75	4 81p
New Bolingbroke route	£4.10	9 42p
Cherry Willingham	£2.00	3 53p
Skegness	£3.60	6 53p

CARE OF UNMARRIED MOTHERS

Miss P. Hartley, the Organising Secretary of the Diocesan Board for Social Work submits the following report:-

Illegitimate Pregnancies

New referrals	107
From previous year	47

Ages	Mothers	Fathers
Under 16	6	—
Under 21	63	33

These included 16 married women and 27 married men.

For 16 men no information was available.

Babies born by end of year:-	23 placed for adoption
	47 kept by their mother
	2 stillborn

Thirty-nine babies were placed in fosterhomes while their mother made her decision. Twenty-eight mothers were given material help, costs, prams, clothes, etc. Adoption placements in Lindsey were 40.

There was a drop of 4 in new referrals of illegitimate pregnancies in 1971 and a rise of 3 who were needing aftercare from previous years, so in fact the caseloads remained pretty static over the year.

Nine mothers required a vacancy in a Mother and Baby Home, which shows the right decision was made to close the Quarry Maternity Home in Lincoln in 1969. These mothers were accommodated in Sheffield (1), Mansfield (6), Northampton (1) and Huddersfield (1). One mother was placed in a family as she did not wish to go into a Home and yet needed to be away from her area.

Just over half were referred by doctors and other health service employees.

WELFARE FOODS

Nineteen seventy one saw changes introduced into the Welfare Foods Scheme by the Department of Health.

As from the 4th April, 1971, the Welfare Milk Token Scheme, whereby expectant mothers and infants were entitled to seven pints of liquid milk weekly at a reduced rate, or National Dried Milk at 11½p (2/4d) per packet, ceased. From that date, unless the beneficiary was entitled to free supplies, the standard charge of 20p(4/0d) per packet had to be made for each packet sold.

In April, 1971 the Department of Health introduced vitamin drops for children containing vitamins A, C & D to replace the cod liver oil and orange juice provided under the scheme. Cod liver oil ceased to be sold under the Welfare Foods Scheme on the 30th April, 1971, although remaining stocks were sold outside the scheme, but owing to outstanding contracts with suppliers, orange juice continued to be supplied under the scheme up to the end of the year.

As orange juice will not be available for expectant mothers after the end of the year, the Department of Health are introducing early in 1972 a combined vitamin A, D & C tablet at 6p per pack to replace the present vitamin A & D tablets at 2½p.

During 1971 the centres at Alkborough, Buslingthorpe, Brinkhill, East Barkwith, Flixborough, Fulstow, Hatcliffe and North Cotes R.A.F. were closed due to fall-off in demand.

At the end of the year, 99 distribution points were in operation, 63 in conjunction with the County Council's Child Health Clinics and the remainder being held in W.R.V.S. premises, shops and distributors' own homes.

During 1971, 22,343 packets of National Dried Milk, 2,265 bottles of Cod Liver Oil, 3,607 packets of Vitamin A & D tablets, 80,542 bottles of Orange Juice and 7,217 containers of Children's Vitamin Drops were issued.

The decline in the take-up of National Dried Milk continues as the following table of average weekly issues shows:—

<i>Period</i>	<i>Average Weekly Issues – N.D.M.</i>
28/6/54 to 5/4/57	3701 @ 10½d
6/4/57 to 31/12/61	1550 @ 2/4d
1962 to 1964	1392 @ 2/4d
1964 to 1967	1193 @ 2/4d
1968	1107 @ 2/4d
1969	746 @ 2/4d
1970	488 @ 2/4d
January to April, 1971	431 @ 11½p (2/4d)
April to December, 1971	441 @ 20p (4/0d)

DENTAL CARE

The year showed a continued steady increase in the treatment provided for both pre-school children and for nursing and expectant mothers. Until however, the county plan for further fixed clinics is implemented the service for the under fives cannot be fully developed, dependant as it is on regular visits.

This has been the first full year of operation of the Horncastle Health Centre. Those of us who used the dental surgeries have appreciated the advantages of having a number of health services under one roof – advantages both to the patient and to the staff.

One disconcerting factor has been the number of small but irritating breakdowns in the dental equipment. These should not have occurred as the equipment chosen was of a well established design.

Staffing

The year started and ended with all the county clinics fully staffed, unfortunately a vacancy soon occurred when Miss Janet Greetham left to join Lincoln City. Miss Patricia Carse moved from Market Rasen to the Lincoln based mobile clinic vacated by Miss Greetham. Market Rasen remained without a full time Dental Officer until Mr. Simon Fallon joined us in November. Meanwhile, we were very grateful for the part time services of Mrs. Hilary Ball prior to her husband's overseas posting.

A. Attendances and Treatment						Children 0-4 (incl)	Expectant and Nursing Mothers
Number of Visits for Treatment During Year							
First Visit	...	...	...	...	...	836	244
Subsequent Visits	...	...	...	...	...	494	533
Total Visits	...	...	...	...	...	1,330	777
Number of Additional Courses of Treatment other than the First Course commenced during the year						40	12
Treatment provided during the year - Number of Fillings						902	419
Teeth Filled	...	...	...	...	...	774	381
Teeth Extracted	...	...	...	...	...	707	316
General Anaesthetics given						315	38
Emergency Visits by Patients						77	23
Patients X-rayed						4	40
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)						141	109
Teeth otherwise conserved						29	—
Teeth Root Filled						—	2
Inlays						—	1
Crowns						—	3
Number of Courses of Treatment Completed during the year						571	148
B. Prosthetics							
Patients supplied with F.U. or F.L. (First time)						2	17
Patients supplied with other dentures						—	20
Number of dentures supplied						2	44
C. Anaesthetics							
General Anaesthetics administered by Dental Officers						—	—
D. Inspections							
Number of patients given first inspections during year						683	201
Number of patients who required Treatment						422	194
Number of patients who were offered treatment						410	188
Number of patients re-inspected during year						28	12
E. Sessions						For Treatment	For Health Education
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity & Child Welfare patients						171	—

MIDWIFERY

<i>Year</i>	<i>Domiciliary Births</i>	<i>Percentage of Total Births</i>	<i>Institutional Births</i>	<i>Total Births</i>
1967	932	18%	4,336	5,168
1968	810	16%	4,372	5,182
1969	609	11%	4,768	5,377
1970	487	9%	4,821	5,308
1971	362	6.9%	4,822	5,184

(excluding Scunthorpe)

Throughout the county we have managed to maintain a domiciliary service, although at times this has been under some strain because of the large areas covered by the midwives.

The upward trend of hospital confinements continues and it is now 6.9% for domiciliary confinements. Of the 36 full time and 8 part time district nurse midwives, 10 midwives had no deliveries, 20 had 5 or less, 11 had between 5 and 25, 3 had over 25 and the highest being 31 during the year. The highest home confinement rate was in the Immingham area. Over all the county this cannot be called a viable service and with the re-organisation of the National Health Service in 1974 the time will most certainly have come to take definite steps towards an integrated service. This will have to be given careful thought and preparation as to the best needs for the community in particular areas. It is also obvious that the midwives themselves feel that they are not doing justice to the job. Two have resigned and taken up hospital appointments. Ante-natal care and early discharge from hospital can be coped with successfully but 24 hour cover for so few confinements is not economical and does not give job-satisfaction. In the interest of the patient a unified service is needed.

HOME NURSING

This service continues to expand. With the building of Health Centres and better surgery premises, there are more and more requests for nurses to attend surgery sessions. In 1969 attendances were 340, in 1970 there were 856 and in 1971 there were 1,295. This has caused quite a considerable strain in the nursing staff. It is difficult to estimate the needs of the different general practitioners. More terminal cases and hemiplegics are nursed at home. It has been a very busy year; visits have increased by 2,326, bathing attendant's (42 part time are now employed) visits have increased by 4,871. When this service was started as an experiment in 1963 such growth as this was not anticipated – not only does the elderly and handicapped person receive assistance but it is one more visitor to the home and this must help in the prevention of further illness.

The District Nurse Training Course was held early in the year. For the first time State Registered and State Enrolled Nurses were trained together, the lectures coinciding where possible. Nine State Registered Nurses and four State Enrolled Nurses were successful in obtaining the National District Nursing Certificate.

Night nursing care has been given to several cases where it has not been practicable for the patients to be admitted to hospital. The Marie Curie Nursing Service has been well used and many grants have been made for extra nourishment, clothing and fuel.

HEALTH VISITING

The health visitor's work continues to expand with more liaison with general practitioners, hospitals and social workers. Through most of the year we have maintained a full establishment. With our limited staff, we have managed to attach a few more health visitors to general practitioners.

Two health visitors were trained at Manchester University to instruct health visitors in how to do screening tests of hearing in infants of 6 - 8 months. This has been a mammoth task to train all the health visitors in the county. It is now nearly completed and I am grateful to the two health visitors and the assistant nursing officer who has co-ordinated this. Early in 1972 it is hoped that this test will be carried out as a routine procedure on all infants.

Two more health visitors were trained as field work instructors. It is important to maintain suitably qualified personnel throughout the field as this plays a very important part in training our health visitor students.

Four students were successful in obtaining the Health Visitors Certificate and three more students commenced training in October.

A successful study day on "Hearing in Young Children" was found to be most useful and stimulating.

Two further courses were arranged at the Horncastle Residential College to help health visitors to teach health education in schools. These have been invaluable and have resulted in much more of this work being done in schools.

VACCINATION AND IMMUNISATION

VACCINATION AGAINST SMALLPOX

It is not long since information became available indicating that the small risks entailed by routine smallpox vaccination were greater than the risk of getting smallpox. For some years therefore there has been doubt as to the wisdom of encouraging smallpox vaccination as a routine preventative measure. Such doubt may well have been reflected in the comparatively low smallpox vaccination rates in Lindsey during the last year or two. At the same time measures to eradicate smallpox in many parts of the world have succeeded and the Department of Health and Social Security have therefore issued the following recommendations to local health authorities:-

1. Vaccination against smallpox need not now be recommended as a routine procedure in early childhood.
2. All travellers to and from the areas of the world where smallpox is endemic or countries where eradication programmes are in progress should be protected by recent vaccination.
3. Health service staff who come into contact with patients should be offered vaccination and a regular re-vaccination.

This advice was accepted by the County Council's Health Committee and the scheme for routine vaccination has been discontinued.

Vaccination will continue to be offered to all health service staff who come into contact with patients such as hospital doctors and nurses, public health staff and ambulance workers as long as any risk of importation of smallpox remains. Past experience has shown that health service staff are particularly liable to be exposed to infection after an importation of smallpox. Vaccination will also be available to all travellers on request, to countries where they may be considered to be at risk.

VACCINATION AGAINST RUBELLA

In 1970 the County Council commenced the routine vaccination of girls in their 14th year against rubella (German measles). Although initially priority had to be given to the girls in this older age group it has been possible during 1971 to extend the scheme to all girls between their 11th and 14th birthdays. The scheme has meant a good deal of additional clerical work for secondary school staffs, but with their co-operation the bulk of the children whose parents have agreed to vaccination have now been dealt with and during the coming years it will only be necessary to vaccinate those girls reaching the 11 year old age group. The rubella vaccination scheme is intended to ensure that as many girls are protected before they reach child-bearing age because of known dangers which can arise during pregnancy from this disease. Every effort is being made to persuade parents to agree to their daughters having this protection.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1971

Table 1 - Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	LINDSEY (Excluding Borough of Scunthorpe)							SCUNTHORPE M.B.						
	Year of Birth						Total	Others under age 16	Year of Birth					Total
	1971	1970	1969	1968	1964-67	1971			1970	1969	1968	1964-67		
1. Quadruple DTPP	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Triple DTP	210	2,395	960	121	166	3,868	16	—	433	65	46	1	1,037	—
3. Diphtheria/Pertussis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	4	16	6	3	51	123	43	—	5	2	93	7	113	—
5. Diphtheria	—	—	—	—	—	—	—	—	—	1	3	—	5	—
6. Pertussis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Tetanus	6	1	5	2	63	257	180	—	7	2	20	228	264	—
8. Salk	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Sabin	212	2,563	1,011	134	255	4,219	44	—	426	74	166	59	1,218	—
10. Measles	21	1,143	1,150	436	507	3,339	82	—	271	70	140	7	773	—
11. Rubella	—	—	—	—	—	4,986	4,986	—	—	—	—	552	552	—
12. Lines 1+2+3+4+5 (Diphtheria)	214	2,411	966	124	217	3,991	59	—	438	68	142	8	1,155	—
13. Lines 1+2+3+6 (Whooping Cough)	210	2,395	960	121	166	3,868	16	—	433	65	46	1	1,037	—
14. Lines 1+2+4+7 (Tetanus)	220	2,412	971	126	280	4,248	239	—	445	69	159	236	1,414	—
15. Lines 1+8+9 (Polio)	212	2,563	1,011	134	255	4,219	44	—	426	74	166	59	1,218	—

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1971 (cont'd)

Table 2 - Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	LINDSEY (Excluding Borough of Scunthorpe)						SCUNTHORPE M.B.							
	1971	Year of Birth				Total	Others under age 16	Year of Birth				Others under age 16	Total	
		1970	1969	1968	1964-67			1970	1969	1968	1964-67			
1. Quadruple DTPP	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Triple DTP	-	60	811	155	595	-	40	4	2	114	11	133	-	133
3. Diphtheria/Pertussis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	15	51	43	2,933	-	194	6	5	724	30	765	-	765
5. Diphtheria	-	-	-	-	3	-	-	-	-	6	-	6	-	6
6. Pertussis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Tetanus	-	5	10	17	147	-	503	4	7	28	567	606	-	606
8. Salk	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Sabin	-	76	205	213	3,560	-	222	6	9	822	471	1,312	-	1,312
10. Lines 1+2+3+4+5 (Diphtheria)	-	75	232	198	3,531	-	234	10	7	844	41	904	-	904
11. Lines 1+2+3+6 (Whooping Cough)	-	60	181	155	595	-	40	4	2	114	11	133	-	133
12. Lines 1+2+4+7 (Tetanus)	-	80	242	215	3,675	-	737	14	14	866	608	1,504	-	1,504
13. Lines 1+8+9 (Polio)	-	76	205	213	3,560	-	222	6	9	822	471	1,312	-	1,312

AMBULANCE SERVICE

A most significant impact on the service in an operational sense has been the opening of Geriatric Day Hospitals at Scunthorpe General Hospital and Scartho Road Hospital, Grimsby. The former hospital has a capacity for 40 patients and this capacity was reached within a few weeks of the Day Hospital opening in early June. All patients for this hospital are resident within the authority's area and accordingly the full demands have rested on the Lindsey Ambulance Service. At the Scartho Road Day Hospital, although the hospital has the same capacity as Scunthorpe, the workload has been shared with the Grimsby Ambulance Service by virtue of the patients' residence and the call on the Lindsey service in this area has been only about half of that experienced in Scunthorpe. Additional staff were employed and the ambulance fleet was expanded to meet this demand. With the noted exception that the industrial action at the Ford Motor Company delayed delivery of new vehicles, creating initial difficulties, the service met its responsibilities in this situation and has continued to do so.

Table 1 following, quite clearly illustrates the impact in terms of work load. As can be seen, total stretcher patients for the year ending 31st December, 1971 were up by 12,888 against the figure for 1970, an increase of approximately 41%, whilst corresponding figures for sitting patients were increased by 8,868 or approximately 10%. The fleet travelled an additional 52,000 miles. The voluntary car service increased its commitments by 11,304 patients, approximately 22% and 108,000 miles.

It should be noted that the total increase cannot be attributed entirely to geriatric day patients. Calculations show that other work also increased by about 13% and in addition the geriatric situation is relative to only six months of the year. The coming year, with a full year's geriatric figures, will probably show approximately a 50% increase over the current year.

As mentioned previously, additional staff were employed in order that the service could continue to meet its statutory duties. Increases in the annual leave of staff and the emphasis on training, with its subsequent demands on staff time, have to some extent negated this increase and the effects are reflected in the increased use of the voluntary car service. Steps are currently being taken to introduce further staff.

A series of five two week training courses were held at the Horncastle Residential College. This year, in addition to full time staff, 14 auxiliaries attended. The series was most successful and the auxiliary ambulancemen who had not previously attended any residential training courses gained tremendous advantage, not only from the formal training but also from their association with full time staff attending the same course. The courses were well received by all taking part and have contributed in no small manner in raising the standard of patient care. The County Ambulance Officer and all the staff who contributed to the success of this training are to be commended for their enthusiasm and the amount of time they put in. Thanks are also due to the Warden and staff of the Residential College for the domestic arrangements.

This year saw the introduction of the first vehicles built in Southern Ireland by Messrs. Hanlon. The vehicles are again based on the 25 cwt. Ford transit chassis. Staff and patients are well pleased with the design and comfort of this ambulance. Stretcher poles with canvas have been introduced and placed on all coach built ambulances as have the new electrical portable aspirators. The latter is a particularly notable improvement over the equipment previously available for this purpose.

Perhaps the most notable event in 1971 and one which will no doubt be recorded in the history of the ambulance service is the long awaited decision regarding radio communications. The Department of Health and Social Security, together with the Ministry of Posts and Telecommunications, have not only economised on the number of frequencies required nationally for ambulance purposes but have provided the basis and the means for the establishment of inter-authority communications and, perhaps even more important, a national emergency frequency. It is recommended that all ambulance services operate in the future on the high band using frequency modulation, whereas in the past, services were operating in both the high and low band. With such a wide variation, neighbouring services were very seldom using compatible equipment. A national emergency frequency common to all services and inter-authority communication was not therefore feasible. Radio equipment due for replacement had been held back pending these decisions. I am very pleased to be able to report that the whole of the radio system is to be re-planned in accordance with the above-mentioned recommendations and some of the latest improvements in radio control included.

The need to appoint more staff and train them and to obtain more ambulances to cope with increased demands cannot be met without provision of adequate premises. Plans are now going ahead for a new ambulance station in Scunthorpe and enquiries are already in hand with a view to setting up of a new ambulance headquarters and control. Other ambulance stations are also in need of improvement, expansion or replacement and it is hoped that the programme of capital expenditure for this purpose can be implemented during the next few years.

The following table gives details of cases conveyed and mileage travelled:-

TABLE 1

Station	Cases for admission		Out-patients & treatments		Cases discharged & transferred from hospitals, etc.		Emergency Cases		Totals		
	Stretcher (1)	Sitting (2)	Stretcher (3)	Sitting (4)	Stretcher (5)	Sitting (6)	Stretcher (7)	Sitting (8)	Stretcher (9)	Sitting (10)	Miles (11)
Scunthorpe	1,570	443	8,550	11,931	935	1,100	1,578	291	12,633	13,765	127,657
Barton	278	80	1,848	5,951	228	238	211	31	2,565	6,300	64,881
Brigg	315	62	2,141	3,899	305	236	341	24	3,102	4,221	62,847
Gainsborough	515	236	2,041	12,346	315	415	500	159	3,371	13,156	97,907
Epworth	81	45	313	3,514	75	133	23	5	492	3,697	33,123
Cleethorpes	797	133	4,343	7,601	904	585	1,452	253	7,496	8,572	103,207
Immingham	212	62	1,558	4,407	349	201	614	56	2,733	4,726	65,472
Louth	535	159	1,639	11,630	515	236	626	50	3,315	12,075	123,888
Mablethorpe	206	59	670	5,873	192	159	379	35	1,447	6,126	62,786
Market Rasen	199	49	1,308	5,015	67	66	270	37	1,844	5,167	64,243
Skegness	481	227	1,169	10,570	390	769	911	116	2,951	11,682	156,806
Horncastle	261	73	513	3,533	94	89	279	25	1,147	3,720	57,353
Spilsby	166	36	471	2,706	115	65	131	22	883	2,829	38,331
TOTALS	5,616	1,664	26,564	88,976	4,484	4,292	7,315	1,104	43,979	96,036	1,058,501
Year 1970	5,030	1,883	14,425	79,428	4,029	4,702	7,007	1,155	31,091	87,168	1,002,275

The table below gives details of patients conveyed by the Voluntary Car Service.

TABLE 2

Year	Cases for admission to hospital	Cases for out-patient treatment	Cases discharged & transferred hospitals	Totals	
				Cases	Mileage
1971	1,280	58,675	2,116	62,071	753,068
1970	1,478	47,785	1,504	50,767	644,098

The following table gives details of mileages incurred by the Service, year by year, since 1962.

TABLE 3

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Ambulance Mileage	790,959	877,680	1,161,978	1,188,912	1,115,394	1,117,295	1,130,390	1,079,829	1,002,275	1,058,501
V.C.S. Mileage	485,744	499,763	170,615	153,939	240,395	328,744	359,687	443,627	644,098	753,068
Mileage worked by Holland C.C. under approved scheme	1,073	1,251	651	400	756	652	717	479	361	494
Mileage worked by Lincoln C.B.C. under approved scheme	3,525	4,095	4,836	5,522	4,471	—	—	—	—	—
TOTALS	1,281,301	1,382,789	1,338,110	1,348,773	1,361,019	1,446,691	1,490,794	1,523,935	1,646,734	1,812,063

The following table gives details of cases conveyed annually by rail since 1967.

TABLE 4

Year	Stretcher Cases	Sitting Cases	Rail Miles	Mileage travelled by County Council ambulances & voluntary car service vehicles in conveying patients to and from railway stations
1971	1	299	36,008	3,351
1970	7	329	37,617	3,545
1969	6	449	44,802	3,584
1968	5	333	34,031	3,719
1967	5	825	68,270	6,669

The following table gives details of patients conveyed by the Holland County Council on behalf of the Lindsey County Council.

TABLE 5

Stretcher Cases		Sitting Cases		Totals	
No. of cases	Mileage	No. of cases	Mileage	No. of cases	Mileage
45	494	Nil	Nil	45	494

PREVENTION OF ILLNESS – CARE AND AFTER-CARE

Under this section of the National Health Service Act local health authorities have had the opportunity to provide a wide variety of services. From the outset provision of a scheme for the prevention of tuberculosis has been mandatory and considerable success has been achieved. Allied to it is the scheme for B.C.G. vaccination which has played a major part in reducing the incidence of this disease.

Other schemes provided under this head are chiropody, the provision of screening tests such as cervical cytology, the provision of convalescence, the family planning scheme, adaptations of homes for artificial kidney machines, health education, and in fact almost any aspect of preventive medicine.

TUBERCULOSIS

One of the major tasks after a case has been notified is to ensure that all contacts are traced and invited to the chest clinic for examination. During the year 635 persons were seen at the clinics for this purpose. When a case occurs in a school, albeit a teacher or pupil, the examination of contacts first includes a survey by means of skin tests in order to find out who may have been infected. Positive reactors can then be invited for x-ray.

VACCINATION AGAINST TUBERCULOSIS

During the year 1971 the number of skin tests and B.C.G. vaccinations were as follows:-

	<i>School children and students</i>
Number skin tested	4,352
Number found positive	314
Number found negative	4,038
Number vaccinated	4,038

The number of children who showed a positive reaction 314 represented 7.2% of the number tested.

Arrangements were made for the 314 positive reactors to be offered a chest x-ray during the year either at the nearest Chest Clinic or at the Lincolnshire Mass Radiography Unit if it was available nearby.

CONTACT SCHEME

The scheme for vaccination of persons known to have been in, or likely to come into contact with, cases of tuberculosis, was carried out at the Chest clinics. The returns submitted by the Chest Physicians showed that the number of persons skin tested was 637, the number found positive 56, the number found negative 590 and the number vaccinated 741.

MASS RADIOGRAPHY SERVICE

Dr. J. Beech, Medical Director of the Lincolnshire Mass Radiography Unit, has provided the following statistics relating to the work of the unit in Lindsey during the year.

<i>Surveys in Lindsey</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
X-rayed on minature film	5,796	5,979	11,775
Recalled for large film	75	73	148
Referred to Chest Clinic	35	24	59
<i>Ultimate diagnosis in cases referred to Chest Clinic</i>			
Pulmonary tuberculosis requiring close supervision or treatment	3	1	4
Pulmonary tuberculosis requiring occasional supervision/no treatment	1	2	3
Pulmonary tuberculosis post primary inactive	6	2	8
Haitus Hernia	1	1	2
Sarcoidosis	1	1	2
Bronchial Carcinoma	1	—	1
Bronchiectasis	2	3	5
Pneumonia	1	—	1

The unit made visits as follows:-

Public Sessions at Gainsborough, Ashby, Scunthorpe, Immingham, Caistor, Skegness and Cleethorpes.

Indistrial Surveys at Gainsborough, Scunthorpe, Killingholme, Skegness and Bardney.

School Survey at Beretun School, Barton-on-Humber.

As can be seen from the above figures only a comparatively small number of cases were detected by what amounts to an expensive service. The considerable fall in the incidence of tuberculosis and the consequent low detection rate by mass radiography has resulted in this method of detection having been called into question. The result has been the intention by the Sheffield Regional Hospital Board to discontinue the present mobile units, most of which are in need of replacement. The Board's intention is to provide permanently based facilities at main hospitals, two mobile units only remaining within this region. This intended change of policy, though logical in its object to ensure that the best use is made of resources, resulted in strong representation by local authorities in particular by the Lindsey County Council and by District Councils for the original service to be continued; there being special problems of transport and communication in rural areas. It was hoped that one mobile unit might be stationed locally but this would appear not to be so. No change is however likely to take place until alternative arrangements have been made.

HEALTH EDUCATION

'A Year of Advancement and Change' could well be used as a title for the work of the Health Education Section in 1971. Advancement and change has produced an increase in work and it would not have been possible to cope without the co-operation of health visitors and other members of the health team. Doctors, chiropractors, nursing and ambulance staff and administrative officers have increasingly been called upon to play their part in health education. It has been most encouraging to see a considerable increase in the part played by health visitors in health education, this, I feel has partly been due to in-service training for this type of work. When the planned health education programmes go ahead in the coming year, a considerable amount of health visitor time will be required. This raises the question as to whether it is better to appoint further health visitors to compensate for time spent on health education or whether the establishment of the Health Education Section itself should be increased.

The Section was without one of the two Assistant Health Education Officers for the first nine months of the year and this resulted in the proposed health education programme not **beginning** as planned. In September, however, the post of Assistant Health Education Officer was reviewed and regraded and a new assistant appointed so enabling more involvement with health education as a whole.

Perhaps the most marked increase in Health Education has been in schools. Every primary school has again been visited for talks on dental hygiene and in general the four basic rules for dental care have been covered. At least 75% of the schools due to be covered in the 1971/72 school year have already been visited and this will enable the Assistant Health Education Officers to devote more time to other aspects of health in the coming year.

A special survey has been carried out in 50 primary schools to determine the extent of health education teaching in the county. A positive approach was taken by offering the schools a health education syllabus and the services of the Health Education team. It was found that although all the schools covered a variety of health topics, only two had any time tabled health education and only three others had their work supplemented by talks from health visitors.

In general, the schools welcomed the syllabus but some, particularly the larger ones, considered their incidental coverage of health education to be quite adequate and expressed difficulty in incorporating such an item into their already crowded curriculum. Seventy per cent of the schools visited said they would like the syllabus, although not all the schools wanted the last lesson dealing with sex education. Where possible, health visitors are conducting the courses but when unable to do so Assistant Health Education Officers will be used. It is hoped that by Easter, 1972, all the primary schools will have been visited and offered the syllabus.

The long term aim of all the work in both primary and secondary schools is that the school staff should eventually conduct health education themselves calling on the section for help and advice when required. Immingham Secondary School has already begun this and has time tabled health education throughout the school.

Health Education in secondary schools has increased, taking many forms such as study days, incidental lectures and a series of talks. More and more schools are requesting speakers on contraception. Talks on drugs, although still popular, have tended to decrease and topics of immediate value to the community as a whole have been chosen. At the beginning of the year, for instance, there was an increase in requests for information and talks on smoking as a result of the Royal College of Physicians' report on the subject.

An increase in work has also been seen in requests from colleges of further education and parent teacher association meetings. The latter have mainly been in connection with sex education and its introduction into the school, but it is encouraging to find such groups taking an active interest in health education as a whole.

There has also been a noticeable increase in requests for speakers from youth clubs, possibly due to the fact that health education has featured in the in-service training of youth leaders. They usually require a more adult programme than the secondary schools with particular emphasis on personal relationships. In the field of what could be called adult sex education, it is amazing the area of ignorance particularly regarding venereal disease. Usually this subject is covered under the heading of 'Diseases transmitted sexually' and a full evening of films, talks and discussions is devoted to it. It is hoped, however, that as more and more schools include talks on venereal disease in their health education teaching that there will not be sufficient demand for this subject to warrant spending a full evening on it and the time can be spent more effectively on other aspects of health education.

Cervical cytology has again, this year, been popular with women's organisations. A further cancer of the breast and cervix campaign has been held, this time in Louth. Although this was the third such campaign, it differed from the previous two in that there had not been a cytology clinic in Louth whilst in Gainsborough and Brigg cytology clinics had been held for several years. Once again a feature of this campaign was the inclusion of a check for cancer of the breast when required and instruction on self examination.

The methods of the previous campaign were generally adopted and the response of 550 requests for tests at the clinic was considered well worthwhile. The fact that no clinic had been held in Louth and that the general practitioners had provided the service showed in the results. Compared to Gainsborough, nearly three times as many said they would be attending their general practitioner for tests whilst only a quarter compared to Gainsborough said they would like a second test, probably due to the fact that those who had had a first test by a general practitioner would be more likely to return there for the second.

The most successful part of the campaign was the open clinic for making appointments. Over half the total replies came in this way. This is probably due to the fact that the clinic is more central than in Brigg or Gainsborough and convenient for women whilst shopping. The dates and times the clinic would be open were over-printed on all posters, a feature not included in previous campaigns.

The publicity for the campaign was greatly assisted by the visit of the Health Education Council's mobile display unit for two weeks in June. This purpose built caravan with all its sophisticated display material covered all aspects of cancer and made specific reference to cancer of the breast and cervix. The unit spent some time at the Town Hall Car Park in Louth and visitors were given details of the campaign and times the clinic would be open to make appointments. The unit served some useful purpose in communicating the importance of prevention and early detection of cancer and it is hoped that it was a help to those who visited it.

This unit was also used for the in-service training of health visitors and was taken to all the secondary schools in both Louth and Horncastle. In the schools the display was adapted to cover lung cancer and smoking rather than general cancer education and at one of the schools Anglia Television took film of the unit in action.

The Health Education Officer attended the Annual Seminar for Health Education Officers organised by the Health Education Council, the subject of which was 'The Broadening Vista'. This dealt with health education in local radio, industry and new communities and covered record systems, budgeting and cost benefit analysis. The whole seminar was very informative and helpful and should be of value to the advancement of the service within the county.

Some time during the year has been spent in preparation of handbooks for both Home Safety and the Health Services. The former is still in the process of being printed but after two years work the Health Services Handbook has now been completely revised and reprinted, and copies are now available.

The publication of a catalogue of audi-visual aids for use in health education turned out to be extremely successful and over 300 copies have been distributed. In order to bring this up to date, 26 sheets of additions and amendments have been printed and distributed.

As expected, the catalogue has increased the requests for visual aids and some 63 different films and 55 different film strips were used during the year. All in all these were seen by 22,302 people at 597 showings, the items not only being used by Health Education staff but also health visitors, medical officers, schools, youth organisations, etc.

Requests for posters, leaflets and information continue to be received from general practitioners, hospitals, Red Cross groups, Home Safety Committees as well as youth clubs and educational establishments, particularly schools where health education is taken for C.S.E. projects.

General Practitioners, in particular, requested posters and leaflets on smoking for display in their surgeries as a result of a circular from the Health Education Council saying that these were available from the Health Department. Also in connection with smoking, school children used the topic for C.S.E. examinations and some youth clubs started 'Stop Smoking' sessions aimed at assisting members to give up smoking based on the group therapy principle. For some years now smoking and health has been a feature in both the primary and secondary school syllabus but this year the subject appeared to have an added impact.

An increase in the use of visual aids naturally means increase in requests for projectors but requests have surpassed the supply, particularly for 16mm projectors and there has been a need to continually borrow from the Education Department. It is unfortunate that people have had to be refused the use of visual aids because projectors have not been available and if more people such as health visitors are to be encouraged to continue with health education, the purchasing of more equipment must be considered.

Over the year, several new items of visual aids equipment have been purchased to fill gaps in the library. These include flannelgraphs, charts and transparencies covering a whole range of topics.

Two screens and an Elmo slide projector have been obtained along with additional Marler Hayley Display equipment. Tools and a new record player also had to be purchased following damage resulting from a burglary to the office.

Increase in work and in the popularity of the service has resulted in the premises at 22 Orchard Street becoming well known by teachers, youth leaders, and Health Department staff, etc. Visitors often call at the office to select posters and leaflets or to preview films and other visual aids which they intend to use in their work. Calls of this nature are often fitted in when attending meetings or making other visits to the main County Offices. It seems unfortunate that just as the section has become established in its present position it is due to be moved and that the proposed site is well away from the County Offices and will not be of the same benefit to other staff.

Health Education in the county seems to increase and progress from year to year and it is hoped that this will continue. In order to make this possible programmes and projects have to be planned well in advance and in order to benefit a continual appraisal is undertaken to develop the work and eliminate items of little value. It can be seen, however, that if the increase is to be continued and all requests are to be met, then extra finance for new equipment, visual aids, posters, leaflets and other developments will have to be made available and more staff will also be required to carry out the work.

CONVALESCENCE

The number of patients admitted under the County Council's scheme to Convalescent Homes for a recuperative period was 75 as compared with 69 in 1970. The average length of stay of patients admitted in 1971 was 2 weeks.

ADAPTATIONS OF HOMES TO INSTAL ARTIFICIAL KIDNEY MACHINES

Three applications were received during 1971 for patients at Louth, Cleethorpes and Keal Cotes. Adaptations were completed at Louth and Cleethorpes during the year and it is hoped to complete the necessary work at Keal Cotes early in 1972.

In October the Health Committee reconsidered the question of assessing patients to contribute towards the cost of such adaptations and decided that in future no charge should be made to the patients having regard to the fact that no charge is made by the hospital authorities for all the necessary apparatus and supplies.

CHIROPODY SERVICE

The staffing situation has improved during the year as two trainee chiropodists seconded through the County Council's training scheme qualified and took up their appointments. Also it was possible to make two additional full time appointments and one part time. This has improved the position considerably from 1970 and only one small area of the county around Spilsby is not covered by the service. It is hoped, however, to appoint a chiropodist in this area in the near future.

The main event during 1971 was the bringing into service of the County Council's first mobile chiropody unit. The unit was delivered during the summer but owing to the late delivery of the land rover towing vehicle, it could not be brought into service until August. The unit operates mainly in the Gainsborough and Caistor rural districts. A much improved service has resulted in the area being covered by the unit, benefiting both patients and staff. Fourteen rooms and halls in unsuitable and unhygienic premises have been dispensed with and in addition the service has operated from 28 new sites in villages previously dealt with by means of domiciliary visits.

The introduction of the mobile chiropody clinic has proved a most popular development with both patients and staff as it provides excellent facilities in hygienic and pleasant surroundings at a convenient central site in the villages in which it operates. The employment of the towing vehicle driver also as receptionist has been a great success as the chiropodist is involved in very little clerical work and can therefore deal with more patients per session.

The demand for the service generally continues to increase and although a visiting cycle of six weeks is still the aim, it has been impossible in most areas to maintain such a service. However if the present level of staffing can be maintained with a small increase during 1972, it is hoped that a reasonably regular cycle of treatment can be provided throughout the county by the summer of 1972 when further trainees become qualified.

Number of Treatments given by Local Authority Chiropodists

<i>Category</i>	<i>Lindsey</i>			<i>Scunthorpe</i>			<i>Whole County</i>
	<i>Clinic</i>	<i>Home Visit</i>	<i>Total</i>	<i>Clinic</i>	<i>Home Visit</i>	<i>Total</i>	
Elderly	18,380	19,887	38,267	4,830	2,907	7,737	46,004
Physically Handicapped	201	1,297	1,498	345	45	390	1,883
Expectant Mothers	8	18	26	7	—	7	33
Mentally Subnormal	575	349	924	8	1	9	933
TOTAL	19,164	21,551	40,715	5,190	2,953	8,143	48,858

Number of Treatments given through the auspices of Voluntary Committees

<i>Elderly</i>	<i>Physically Handicapped</i>	<i>Expectant Mothers</i>	<i>Total</i>
2,338	58	—	2,396

CERVICAL CYTOLOGY

Cervical cytology screening sessions were regularly held at seven clinics throughout the County. Details of the numbers of women attending these clinics are shown in the table. Except at Barton upon Humber which, apart from recall appointments, is an open clinic, normally 20 appointments can be made for each session. It will be seen that average attendances are only half this number. Furthermore, the proportion of the total number of women at risk (approximately 75,000) who are actually being screened is relatively small and those women most at risk (social classes IV and V) attend clinics in proportionately much smaller numbers.

Cytology Clinics

<i>Centre</i>	<i>Total attendance</i>	<i>No. of sessions</i>	<i>Average attendance</i>
Barton-upon-Humber	176	20	9
Brigg	157	22	7
Cleethorpes	167	12	14
Gainsborough (Spital Terrace)	473	34	14
Louth	515	40	13
Mablethorpe	115	10	12
Skegness	83	17	5
	1,686	155	11
Scunthorpe			
Ashby	1,144	124	9
TOTAL	2,830	279	10

In an endeavour to increase the total number of women screened and also to increase the proportion of those most at risk, publicity campaigns have been held in selected areas, with a corresponding increase in the number of clinics held to cope with the increased demand, and a domiciliary cytology service was introduced at the beginning of the year.

Following the successful publicity campaign held at Gainsborough in 1970, a similar campaign was held at Louth from 5th to 16th July, with some improvements in the procedure as a result of experience gained during the Brigg and Gainsborough campaigns. Publicity was extensive. Posters were displayed very widely, particularly in local shops and factories, and good publicity was provided as a result of very good co-operation from the local press. Four thousand five hundred letters were delivered to houses in Louth with the co-operation of a local voluntary organisation known as the Louth Action Group, and Health Education staff distributed 500 leaflets in the streets of the town. The publicity campaign was supported by the use of the Health Education Council's mobile display unit during this period. Further details are given in the Health Education section of this Report.

Although a cytology clinic is not held normally in Louth, the campaign resulted in the screening at special clinics held for the purpose of 515 women, apart from those who elected to have smears taken by their own doctors. Forty clinic sessions were required to cope with the demand.

The domiciliary cytology service was developed throughout 1971, use being made of specially trained district nurses and district nurse/midwives to take smears in the homes of women recommended for such an approach by health visitors and doctors. By the end of the year 14 nurses had been trained to do this work and the service was available in all parts of the County. It should be pointed out that this service is not intended to replace that provided by general practitioners or local authority doctors working in clinics, but to provide the opportunity for cytology screening of those women who are unwilling or unable to attend their own doctor or the local authority clinic, which generally implies those most at risk. It is too early to properly assess the use made of domiciliary cervical cytology, but it is hoped that it will significantly increase the proportion of those in the high risk groups who are screened.

FAMILY PLANNING

The following report has been submitted by Mrs. S.J. Fleetwood, Branch Administrator, Family Planning Association, Lincolnshire Branch.

'Nineteen seventy-one added a further year to the record of the County Council in providing a free birth control service to its residents and again the service was provided in Family Planning Association Clinics in the area by the FPA acting as the agent of the authority. However, an additional development should be noted in that from the 1 April of 1971 the financial arrangements between the Authority and the Association were based on the Family Planning Association's National Family Planning Agency Scheme. This scheme was formulated in conjunction with the Department of Health and Social Security and the Local Authority Associations and it is designed to provide a practical and simplified framework for the provision of public family planning services by local health authorities employing FPA as agent.

In detail the scheme provides the County Council, and the terms apply equally and by agreement, in the Borough of Scunthorpe, with two categories of service. Residents of Lindsey and Scunthorpe who attend FPA Clinics and receive contraceptive advice, medical examination and supervision, and contraceptive supplies and appliances entirely free of charge are classified as Category A. Persons classified as Category B receive a partially free service in that they pay for their contraceptive supplies and appliances but receive free advice, examination and medical supervision. Persons in Category A are deemed medical cases and for this purpose the following standard definition of a 'medical' case is applied:

'Any woman whose health in the opinion of the examining doctor would be expected to suffer by the increased mental, physical or social burdens placed on her by pregnancy'.

This definition has the full support of the Department of Health and Social Security and the Local Authority Associations.

The statistical table indicates overall increases in the numbers of New Patients and Total Attendances in 1971 by comparison with 1970. It should also be noted that two new FPA clinics were opened during the year in the Lindsey area. Of these Immingham opened on the 26 January 1971 and Brigg on the 3 February 1971 and it is clear from the table that these additional clinics made a significant contribution to the overall increase in the number of persons seeking or continuing to seek birth control advice.

In looking at the total of 13 persons at Brigg and 61 persons at Immingham who are shown as having registered before 1971 it should be stated that these represent persons who were not entirely new to FPA Clinics but who had moved into the County Council area during the year or, and this is likely to account for the majority, had previously attended at Scunthorpe or Grimsby and then found it more convenient to attend at one of these new clinics.

Although the number of registrations of New Patients is higher than in 1970 over the area as a whole it should be pointed out that not all the individual clinics show an increase. This is not an indication that saturation point has been reached but rather that local conditions could well be examined in an effort to establish the cause. It may be that these particular clinics serve an area where the Local Authority and the FPA in conjunction could investigate the potential for a Domiciliary Service. Rural and semi-rural areas can be in as great need of this service as high population density areas.

It will be seen from the figures quoted for FPA Clinics outside the Lindsey area that the County Council continued its liberal attitude regarding its residents attending clinics in adjoining Health Authority areas if this was to the benefit of the individual. Also listed as a clinic outside the Lindsey area is the new FPA Clinic which the Association opened on 26 October 1971 in the new Maternity Wing of the County Hospital. This new FPA Clinic represents the culmination of a sustained effort over two years to bring it into existence. The numbers seen at the few sessions it was possible to hold before the end of the year represent only the Lindsey residents seen. The full total of registrations and attendances includes residents of other Authority areas and together illustrates the real need which this clinic meets.

This report is normally limited to information about birth control services because it is for these that the County Council accepts the Family Planning Association charges under the Agency Scheme. We should, however, like to refer to the special service in Marital Difficulties and Sub-fertility which the Association provides in Grimsby. Persons attending these sessions are not included in the attendance figures shown for Grimsby because these constitute a private service for which the individual is required to pay according to the FPA scale of charges to private patients. In instances where a person is quite unable to meet the cost the FPA remits part or all of the fees at its own discretion and out of its own resources.

The undoubted interest which the County Council has taken in the provision of birth control services since 1968 was emphasised in 1971 by the number of Local Authority Doctors and Nurses who took FPA training. The Association is much heartened by this interest on the part of individuals associated with the Health Department and it has also been considerably helped in the running of its clinics by the creation of this new resource of FPA qualified staff."

ATTENDANCES BY LINDSEY WOMEN AT FPA CLINICS 1971
(figures in brackets are comparative figures for 1970)

Clinic	Total Individuals				Total Attendance (incl. repeat visits)	
	New Registrations 1971		Registered pre-1971			
<i>Clinics in Lindsey Area</i>						
Barton-on-Humber	(73)	49	(48)	104	(284)	413
Brigg (opened 3.2.71)	(—)	63	(—)	13	(—)	211
Gainsborough	(155)	143	(204)	267	(825)	900
Horncastle	(46)	63	(38)	72	(169)	285
Immingham (opened 26.1.71)	(—)	144	(—)	61	(—)	627
Louth	(88)	94	(136)	133	(520)	540
Scunthorpe - Ashby	(272)	238	(361)	441	(1,616)	1,622
Parkinson Avenue	(410)	461	(687)	833	(2,463)	2,679
Riddings	(103)	112	(21)	175	(368)	686
Skegness	(47)	66	(58)	89	(241)	324
<i>Clinics Outside Lindsey Area attended by Lindsey Women</i>						
Boston	(36)	28	(44)	61	(196)	258
Grimsby	(455)	476	(780)	844	(2,907)	3,049
Lincoln - Hospital (opened 26.10.71)	(—)	10	(—)	7	(—)	27
Newland	(98)	107	(169)	209	(542)	575
TOTALS	(1,783)	2,060	(2,546)	3,309	(10,131)	12,196

NOTIFIABLE DISEASES

Notified Cases of Infectious Diseases in Urban and Rural Districts 1971																							
District	Total number notified	Scarlet Fever	Whooping Cough	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Measles	Diphtheria	Dysentery	Acute Meningitis	Smallpox	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Enteric or Typhoid Fever	Paratyphoid Fever	Food Poisoning	Ophthalmia Neonatorum	Malaria (believed to be contracted abroad)	Infective Hepatitis	Leptospirosis	Tetanus	Tuberculosis - Respiratory	Tuberculosis - Other Forms	
Urban																							
Alford	5	1	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Barton-upon-Humber	28	1	2	1	1	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Brigg	118	20	9	1	1	83	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Cleethorpes Borough	32	3	1	1	1	25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Gainsborough	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Horncastle	73	1	1	1	1	65	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Louth Borough	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Mablethorpe & Sutton	3	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Market Rasen	322	15	47	1	1	52	1	150	6	1	1	1	1	1	21	1	1	25	1	1	1	1	
Scunthorpe Borough	11	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Skegness	3	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Woodhall Spa																							
	599	42	59	1	1	261	1	153	6	1	1	1	1	1	26	1	1	33	1	1	1	14	5
Rural																							
Caistor	89	7	5	1	1	72	1	3	2	1	1	1	1	1	1	1	1	4	1	1	1	1	
Gainsborough	55	5	5	1	1	38	1	56	1	1	1	1	1	1	2	1	1	21	1	1	1	1	
Glanford Brigg	156	32	26	1	1	43	1	1	1	1	1	1	1	1	1	1	1	14	1	1	1	1	
Grimsby	135	12	20	1	1	62	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Horncastle	52	1	5	1	1	33	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Isle of Axholme	25	1	1	1	1	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Louth	60	1	5	1	1	45	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Spilsby	46	5	10	1	1	27	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Welton	102	3	6	1	1	78	1	1	1	1	1	1	1	1	6	1	1	3	1	1	1	1	
	720	66	82	1	1	418	1	62	6	1	1	1	1	1	15	1	1	52	1	1	1	14	4
TOTAL for County	1,319	108	141	1	1	679	1	215	12	1	1	1	1	1	41	1	1	85	1	1	1	28	9

POLIOMYELITIS

It is pleasing to report that for the 9th consecutive year, not one case of poliomyelitis was reported.

DIPHTHERIA

It is again pleasing to report that no case of diphtheria was notified in the County during 1971.

OPHTHALMIA NEONATORUM

No case of ophthalmia neonatorum was reported during 1971.

SEXUALLY TRANSMITTED DISEASES

Year ending 31 December, 1971

Summary of Lindsey Cases

Centre	Number of new cases in the year										
	Total all conditions	Syphilis				Gonorrhoea (B1 to B3)		Other Genital Infections (C1 to C12)		Other Conditions (D1 to D3)	
		Primary & Secondary		Other							
		(A1 & A2)	(A3 to A8)								
		M	F	M	F	M	F	M	F	M	F
Boston	79	2	—	—	—	15	5	27	9	17	4
Grimsby	267	1	—	2	2	39	25	59	26	86	27
Lincoln	108	—	—	—	—	11	4	44	5	33	11
Scunthorpe	220	—	—	1	1	33	8	60	35	54	28
Skegness	87	—	—	—	—	22	7	18	8	22	10
Totals	761	3	—	3	3	120	49	208	83	212	80

PUBLIC HEALTH ACT, 1936 – REGISTRATION OF NURSING HOMES

The County Council are the responsible authority for the registration and supervision of nursing homes under the Public Health Act, 1936. One new registration was accepted during the year, providing accommodation for 24 general cases. At the end of the year there were 7 nursing homes registered in Lindsey providing accommodation for 18 maternity cases and 194 general cases. Officers of the County Council have continued to regularly inspect these homes.

ENVIRONMENTAL CIRCUMSTANCES OF THE COUNTY

HOUSING

District Councils have made continued progress, particularly in the provision of houses and by grant aiding improvement work to raise the amenity of existing properties to a prescribed level and to provide for repairs. The maximum grant towards the cost of improvement is £1,000 (£1,200 for the conversion of a building into flats). The grant does not exceed 50% of the total cost of the work and not more than 50% of the grant may be allocated to repair work with the exception of the north of the County where the proportion of grant aid has been increased to 75% of the total cost of the work for a temporary period.

CAMPING SITES AND MOVABLE DWELLINGS

The number of caravans in the County now amounts to 22,957 of which some 90% are sited in coastal areas for holiday purposes and the remainder are on residential inland sites.

These sites require constant supervision by the Public Health Officers of District Councils in order to ensure satisfactory conditions in accordance with the Caravan Sites and Control of Development Act. The Act requires amenities including water points, W.C.s., drainage, washing and laundry facilities, hot water and hard standings (the latter on residential sites only). The majority of sites are served by public sewers and the standards are generally satisfactory.

There are now 2,200 chalets in coastal areas which are used for holiday purposes. This accommodation is generally superior to caravans, especially for families, by reason of the additional space.

The presence of gypsies in the Gainsborough Urban District and in the coastal sector of Spilsby Rural District continues to give rise to concern. There are no amenities whatsoever at the unofficial site at Gainsborough which the gypsies occupy and this contributes to conditions prejudicial to health.

Attempts have been made to secure suitable sites but objection quickly arises as soon as it is known in the localities that the sites are for gypsy families. The Department of the Environment have advised against enforcing gypsies off their camping locations as invariably they move to other unofficial sites and similar unsatisfactory circumstances quickly arise. Furthermore, the gypsies in Gainsborough who are occupying land scheduled for industrial development have expressed reluctance to move out of the urban district. It is against this background that the sub-committee are attempting to resolve the problem in accordance with the policy of the Department of the Environment.

WATER SUPPLIES

The Water Boards have maintained satisfactory supplies throughout the County but the necessity for the provision of further major resources particularly in the north is essential.

The Trent and Lincolnshire River Authorities and the North Lindsey Water Board have commenced the work on the Trent - Witham - Ancholme pumped storage water scheme for the transfer of non-potable water to South Humberside. The work involves a pumping station and main to transfer water as necessary from the River Trent to the Fosdyke at Torksey Lock and similar provision upstream of Bardney, together with a 48 inch diameter trunk main, to transfer the water from the River Witham to the Ancholme near Waddingham. The final extraction takes place at Cadney from which the water is pumped to Elsham Top for treatment and distribution to South Humberside. The scheme is expected to be operative within two years.

It is again emphasised that owing to the quality of the water of the River Trent and the volume and nature of sewage and industrial effluent discharges into the River, the water is quite unsuitable for potable supplies. In this respect, there is insufficient knowledge of the intractable constituents in the trade effluents, the extent of their breakdown, the effect of treatment and the ultimate effect on public health of any of the residuals which may remain.

The final report of the Water Resources Board on the Study of Water Supplies for Wales and the Midlands has been published and a further stage includes an assessment of the reports of the Board which now cover the whole country, in order to prepare a national water plan. The major demand for water is in North Lincolnshire which is expected to be met from the progressive development of the surface water resources of Yorkshire and Northumbria and these may be augmented by the Morecambe Bay Barrage Scheme. Future supplies for the remainder of the county may be met from the development of the existing resources to their maximum capacity, after which it will be necessary to obtain supplies from future projects such as the Wash Barrage.

The nitrate content of the water from the Barton and Barrow-on-Humber pumping stations of the North Lindsey Water Board reached a maximum of 12 - 13 parts per million during the summer months. Whilst this standard was acceptable, the variation of levels of nitrate was kept under close observation. Excessive amounts of nitrate may give rise to a condition in infants up to the age of 8 weeks, known as methamoglobinemia which results from the reduction of the oxygen in the blood. No ill effects occurred.

The physical circumstances associated with the quality of the water have been the subject of detailed investigation and there appears to be a relationship between the methods of farming, particularly the acreage used for growing peas by reason of the high nitrate content of the roots and the application of nitrates to the land as a fertiliser. Consultation with the Ministry of Agriculture, Fisheries and Food indicated a slight reduction in the foregoing sources of nitrate.

The fluoridation of water supplies has continued in the area of the North Lindsey Water Board and to a limited extent in the areas of the Boards serving North East Lincs. and Lincoln and District. The provision in the latter areas is being extended and the total population in the country currently supplied with fluoridated water is 170,000.

SEWERAGE AND SEWAGE DISPOSAL

Despite rising costs, District Councils have continued to make steady progress regarding the provision of sewerage and sewage disposal. It is now not uncommon in the smaller villages where fewer properties exist per unit length of sewer and where adverse ground conditions are experienced, for the gross capital cost per property to reach £900 - £1,000. Grant aid is based on a maximum cost of £500 per property, after certain adjustments have been made, consequently Rural District Councils are now required to bear an increasing proportionate cost of the provision of this service for many villages.

The County Council has made representation to the Department of the Environment regarding increasing grant aid by reason of the high cost per property and the substantial number of small villages where the provision is still required. Whilst the matter has received detailed consideration, the revision of grant formula has not yet been effected.

The proposed effluent pipeline from Flixborough to Stallingborough for the transfer of untreated industrial effluent from the River Trent and the Bottesford Beck to the River Humber, has now been superceded by a proposal for the installation of treatment plant and the discharge of all of the effluent into the River Trent. This has not yet been examined in detail but the policy of treatment prior to discharge is more acceptable in principle.

REFUSE COLLECTION AND DISPOSAL

The frequency of refuse collection has been mainly at weekly intervals or fortnightly in the smaller and remote villages.

Improvements in the methods of storage of refuse at domestic premises by the use of paper and polythene sacks and polythene bin liners are continuing but there is still considerable scope for development in this field.

Some refuse tips still fall short of the accepted standards of maintenance for controlled tipping particularly by reason of the absence of the continuous use of mechanical equipment, i.e. a bulldozer or similar plant, in order to effect the systematic disposal of the refuse as it arrives at the tip; and of inadequate covering material. There is scope for the reduction in the number of tips in operation in some districts in order to effect improved maintenance and consultation with the officers of District Councils has taken place in some instances with a view to effecting improvements.

There are substantial opportunities for land reclamation schemes to proceed in the county to restore to an approved use, former mineral workings such as selected chalk and gravel pits other than those required to be retained for conservation or recreational purposes. In some instances, precautions will be essential in order to avoid ground water pollution by restricting the nature of the solid waste acceptable for disposal and the treatment of the base of the pit with an impervious lining and the disposal of the percolate.

Detailed consultation with the County Planning Officer and District Councils is taking place in order to ensure that adequate suitable disposal sites are available for the future.

The disposal of industrial waste has been kept under close observation, especially where precautions are required to prevent water pollution, by the disposal in the areas concerned of selected waste only, which for practical purposes is of low toxicity.

In most instances Councils arrange for the free collection of bulky articles such as disused furniture, refrigerators and cookers which provides a useful and indeed essential extension of the normal service to the householder.

SANITATION ON HIGHWAYS

As a new network of roads to serve South Humberside is envisaged it will be necessary to consider the provision of public conveniences in suitable locations to provide for business, commercial and holiday traffic.

COASTAL POLLUTION

Whilst the existing situation presents no danger to health, the circumstances are kept under close observation.

A detailed hydrographic survey concerning the disposal of sewage or trade effluent to be discharged into the sea is now an essential pre-requisite of all schemes in order to ensure that no danger to health or loss of amenity results.

There have been local incidents of oil pollution which have been dealt with by the resources of the coastal authorities.

Close consultation between the Oil Pollution Officer and the County Health Inspector has been maintained, particularly on matters affecting water supplies and a scheme has been prepared for the removal and disposal of residues of oil and sand from beaches should a major incident occur and it is not possible to disperse the oil by detergents.

AIR POLLUTION

The County Council have maintained gauges for the measurement of smoke and sulphur dioxide at Caenby, Stallingborough, Thornton Curtis and South Killingholme.

There has been concern on South Humberside particularly with regard to air pollution arising from one of the oil refineries and some of the chemical industries. In an industrial complex of this nature, air pollution may arise intermittently by reason of the breakdown of plant for the treatment of emissions, variations in processing and by adverse weather conditions, particularly low temperatures, northerly winds and mist. Low concentrations of some gaseous emissions may result in unpleasant odour at ground level.

The Anchor Scheme for the expansion of the iron and steel industry in Scunthorpe and adjacent to the existing Apply Frodingham Works involves the construction of a new plant for the extraction of pollutants particularly iron oxide and the existing plant at Normanby Park Steel Works is receiving attention in order to effect improvement.

The Central Electricity Generating Board have continued the measurement of levels of pollution in the Trent Valley by reason of the consumption of substantial amounts of solid fuel for the generation of electricity. A reduction in the efficiency of an electrostatic precipitator for the arrestment of dust and grit at one station contributed to above normal emissions but the matter has now been rectified.

The Department of the Environment have revised the districts of the Alkali Inspectorate and an inspector and an assistant now cover the whole of the County of Lincolnshire and Rutland. This is an improvement of the former arrangement in order that more supervision of industry on South Humberside may be effected where the main problems arise, by reason of the complexity of the development.

TRANSPORT OF DANGEROUS MATERIALS AND INCIDENTS CONCERNING THEIR USAGE

Arrangements have been made with the Police and Fire Authorities for the immediate notification to the officers of river or water authorities and the district councils concerned, of incidents involving the spillage of dangerous materials on roads, in factories, etc., where these materials are liable to discharge into rivers or streams or into a sewerage system for foul or surface water.

This will enable appropriate action to be taken where there is any likelihood of the pollution of water, especially that which is normally used for public supplies, and where there may be adverse effects on the operation of a sewage disposal works, (as many chemicals are capable of completely neutralising the biological treatment;) and in drains and sewers.

In addition, the arrangements to deal with an incident concerning the transport or use of radio active materials particularly in the north of the County have been kept under review.

POLLUTION - GENERAL COMMENTS

The prevention of pollution of all types, whether or not it constitutes circumstances liable to be prejudicial to public health, now receives prominent attention.

The development of scientific processes which have been adopted by industry for the production of new materials, especially in the use of petro-chemicals, plastics and pesticides, has given rise in some instances to intractable waste products or others which are only capable of purification by substantial treatment.

The use of high chimneys to ensure dispersal of gaseous discharges is by itself insufficient to deal with present day industry. The Alkali and Works Regulation Act requires plant of the 'best practicable means' to deal with emissions and with the advancement of technology, a gradual reduction in some forms of gaseous pollution is gradually being achieved.

In the local authority field, progress has been made with regard to clean air. New processes require consideration at the outset to ensure that suitable plant is installed to prevent noxious emissions. A recent example is the introduction of manure drying from intensive poultry units as this gives rise to odours which can produce nuisance over a wide area according to climatic conditions. The suppression of noxious odours from industry, farming, sewage and refuse disposal is currently being examined by a Working Party set up by the Department of the Environment, and investigations are proceeding into acceptable threshold limits of certain gaseous discharges in order to prevent mal odours or other unsatisfactory conditions.

The quality of river water has been graded on a national basis according to the degree of pollution, in order that priority may be directed to the most polluted sections of rivers, especially where the water is required for public supplies. Substantial progress has been made with regard to sewerage and sewage disposal, although much remains to be done in the smaller villages. The treatment of industrial effluent, especially those of the water consuming industries, which discharge into estuaries, is receiving attention but more detailed information is required in the case of the River Humber concerning the whole field of water pollution and the effect of discharges on fisheries and minor biological life. The discharge of untreated toxic waste into the sea without treatment is now generally regarded as an unsatisfactory method of disposal.

The dumping of solid waste in tidal waters which are outside the control of River Authorities is the subject of control by a voluntary consent scheme administered by the Ministry of Agriculture, Fisheries & Food. Similar arrangements have recently been adopted by other European seaboard countries under the Oslo Convention and they are expected to receive statutory consent of the various countries later.

These remarks clearly indicate the necessity for effective co-ordination and co-operation in the associated research and monitoring programmes, which has been stressed whenever evidence or comment has been requested on proposals at national level. This will enable all interested authorities to obtain information regarding matters of concern and at national level it requires a positive examination of the shrouded secrecy of the nature of much industrial solid and liquid waste, which is a statutory requirement.

The Department of the Environment accept the principle that 'the person causing the pollution pays,' which in new industry amounts to an average of 10 per cent of the capital investment. The present positive policies should result in a gradual upgrading of polluted areas which is essential in all respects in a densely populated island such as Britain, and which, in addition to our own experiences, has been clearly illustrated by those of other countries which have had less regard in the past for matters concerning pollution.

INSPECTION AND SUPERVISION OF FOOD AND DRUGS

SAMPLING OF FOOD AND DRUGS FOR ANALYSIS

The basic legislation relating to the supervision of Food and Drugs remained unaltered. Regulations have been introduced to restrict the amount of nitrate in food, which is a permitted preservative used mainly for curing meat.

The Food Additives and Contaminants Committee and the Pharmacology Sub-Committee of the Ministry of Agriculture, Fisheries and Food and the Department of Health and Social Security have examined the levels of lead in food and their effects on public health. Whilst the report indicates that there is no evidence of any harm to health from the present levels in food which comprises the normal diet, two recommendations are made as follows:-

Local problems should be the subject of special studies and that a statutory standard should be prescribed of not more than 0.5 parts per million for lead in baby food, in lieu of the present standard of 2 parts per million which applies to all food.

The foregoing Committee have also reviewed the use of butylated hydroxytoluene which is an approved anti-oxidant for the prevention of mould formation and recommend that no change should be made in the standard of application.

Food and Drugs Samples

<i>Name</i>	<i>Number analysed</i>	<i>Genuine</i>	<i>Unsatisfactory or adulterated</i>
1. Milk	3	3	—
2. Processed milk products	31	31	—
3. Edible fats and oils	23	23	—
4. Preserves	19	19	—
5. Tinned, bottled and dried articles	92	88	4
6. Alcoholic beverages	23	22	1
7. Non-alcoholic beverages	38	32	6
8. Sugar, flour & confectionery	39	39	—
9. Meat and fish products	79	76	3
10. Vinegars, spices, flavourings & essence, sauces and pickles	34	31	3
11. Cereal products	11	11	—
12. Medicines and drugs	53	53	—
13. Miscellaneous	37	36	1
14. Food on importation at Immingham	36	36	—
	518	500	18

A further 10 specimens of food were submitted to the Public Analyst for examination for the presence of extraneous matter.

In addition 439 samples of milk (including 61 samples of school milk) and 102 samples of cream were tested in the County Offices Laboratory.

Legal proceedings were instituted concerning the following deficiencies:-

Food affected with mould:-

Pork pies (2)	Fine £3 with £3 costs.
Cornish pasties	Fine £20
Sausage rolls	Fine £5 with £5 costs
Custard tart	Fine £5
Apple pie	Fine £5 with £13 costs

Other deficiencies:-

Lard containing rodent hairs	Fine £5 with £5 costs
Unclean milk bottle	Fine £5 with £5 costs
Bread containing cigarette	Fine £25
Minced dog food supplied in lieu of liver	Fine £5 with £5 costs
Sugar confectionery containing steel wire	Fine £50 with £5 costs
Lemonade containing sulphuric acid	Fine £50 with £18 costs

Warnings were issued to the manufacturers/retailers in a further 26 cases of extraneous matter in food.

BIOLOGICAL EXAMINATION OF MILK

Seventy-five samples of raw milk were subject to biological examination. Milk from three herds was found to be affected with brucella abortus but it was not being retailed in its raw state. Advice has been rendered by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food regarding the elimination of infection.

At the end of the year 111 herds were classified as 'accredited' indicating that they were free from brucellosis, all of the animals having passed the rigorous blood tests.

ANTIBIOTICS IN MILK

The milk supplies of producer/retailers were examined for the presence of antibiotics during the year. These are used for the treatment of udder conditions such as mastitis. An interval of at least 48 hours, or that recommended by the manufacturer of the antibiotic, should be allowed between the application of the antibiotic and the use of the milk for human consumption, in order to ensure that all traces have been removed naturally. The danger otherwise is the development in humans of strains of disease causing organisms, resistant to antibiotic treatment.

Fourteen samples were subject to examination, all of which were satisfactory.

SUPERVISION OF PASTEURISING PLANTS

The six pasteurising plants which are licensed by the County Council continued to operate in a satisfactory manner during the year. In addition to the frequent inspections of the plant, the following samples were taken from the dairies concerned.

<i>Total Number of samples</i>	<i>Samples failing to satisfy methylene blue reduction test*</i>	<i>Samples failing to satisfy phosphatase test =</i>
583	Nil	1

SUPERVISION OF RETAIL SALES OF MILK

<i>Grade of milk</i>	<i>Total No. of samples</i>	<i>No. of samples satisfying tests</i>	<i>No. of samples failing to satisfy methylene blue test*</i>	<i>No. of samples failing to satisfy phosphatase test or turbidity test =</i>
Pasteurised	1,093	1,085	4	4
Sterilised	416	416	Nil	Nil
Untreated (raw)	2	1	1	Nil
Ultra heat treated	105	1,607	Nil	Nil
Total milk samples	1,616	1,607	5	4
Cream	165	164	Nil	1

*Test relates to keeping quality of milk

=Test relates to efficiency of heat treatment

In all cases where unsatisfactory samples have occurred an investigation and re-sampling have been carried out and the dairymen warned and advised as necessary. In addition 177 samples of school milk were taken, which with one exception, passed the prescribed tests.

PASTEURISATION OF LIQUID EGG

The Liquid Egg (Pasteurisation) Regulations 1963 require that all soft shell or broken eggs should be pasteurised in order to render the product safe for human consumption, as contamination of the egg may have occurred. The pasteurised product is subsequently supplied mainly to the bakery trade. There are no plants in Lindsey, but plants are situated at Retford and Nottingham and the arrangements are operating satisfactorily.

FOOD HYGIENE REGULATIONS

The Food Hygiene (General) Regulations 1960-62 have been revised and consolidated. The main additional provisions include a requirement that unsound food and animal food shall be kept entirely separate from sound food intended for human consumption in order to avoid any risk of the former category becoming mixed with the latter. Additional requirements are prescribed requiring food handlers operating on agricultural premises to wear suitable protective clothing as these premises were formerly exempt from this provision.

The standards in the majority of food premises, including shops, restaurants and cafes, generally comply with the Food Hygiene Regulations, but constant inspection and education of food handlers is an essential function of public health officers.

School canteens and the kitchens of other County Council establishments are satisfactory and subject to inspection by the County Health Inspector as necessary. Food supplies have been kept under close observation.

SLAUGHTERHOUSE AND MEAT INSPECTION

The Meat Inspection Regulations, 1963 require that all meat which is slaughtered for human consumption shall be subject to inspection and the carcasses stamped in a prescribed manner. This requirement has been carried out during the year and in addition a satisfactory standard of hygiene has been maintained in accordance with the Slaughterhouse (Hygiene) Regulations 1958.

The Meat (Sterilisation) Regulations, 1969 require that all diseased meat shall be conveyed from the slaughterhouse to an approved knackers yard or other place of processing or to an approved animal establishment in closed and locked containers which shall be labelled stating that the meat is not for human consumption and that complete records of diseased meat shall be kept by the operators of slaughterhouses and knackers yards.

CONSUMER PROTECTION ACT 1961

The Nightdresses (Safety) Regulations require nightdresses to be made of materials which satisfy the low flammability test as prescribed by the British Standards Specification, but an exception is provided for adult nightdresses which may be manufactured in alternative materials subject to the garment bearing a durable label warning against the danger of fire.

Thirty eight nightdresses were submitted for analysis during the year, all of which were manufactured in synthetic material. Three failed to pass the prescribed tests as the thread was unsatisfactory but this deficiency did not constitute a major fire hazard.

The Toys (Safety) Regulations prescribe a maximum of 5,500 parts per million of lead in the paint of children's toys and prohibit celluloid in toys with the exception of table tennis balls.

Forty two toys, some of foreign origin, were examined, the paint on three of which was found to contain excessive amounts of lead.

The manufacturers/importers and retailers have been warned as necessary concerning the deficiencies.

The Electric Blankets (Safety) Regulations became operative during the year which provide stringent standards of durability for electric blankets.

Advice has been included in health education lectures and talks in clinics and other centres on the foregoing matters.

